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WILTSHIRE COUNTY COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

**1953**



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**FOREWORD**

It falls to me to present this report, although I was in office for only the last eleven days of the year. Dr. J. Burman Lowe retired on September 30th, and during the intervening twelve weeks Dr. Agnes L. Semple, the Deputy County Medical Officer, was in charge of the Health Department.

Dr. Lowe entered the service of the County Council in 1925 and was Medical Officer of Health during the period of general uncertainty which preceded the National Health Service Act of 1946 and the "appointed day," and during the re-organisation which followed. His last annual report included an account of the 1953 survey of the services provided under Part III of the Act, and this, in addition to the practical evidence of the effective work of the various sections of the Health Department, shows how soundly these services have been established. There are also many important activities outside the strict boundaries of the National Health Service, including the supervision of the milk supply, the investigation of water and sewerage schemes and co-operation with other departments, and with district councils, in matters affecting the public health.

The form of this year's report is similar to that of previous years.

1953 was a year of steady public health effort, with no major incident. Sporadic cases and small local outbreaks of poliomyelitis again occurred, and the prevalence of this disease in successive years presents an interesting and very important public health problem. One of its secondary effects, the seriousness of which is not always appreciated, is the reduction which it causes in the number of children immunised against diphtheria, through the suspension of immunisation where poliomyelitis is prevalent. The occurrence of diphtheria in certain parts of the country shows that the maintenance of a high state of immunisation is still as important as ever.

Whatever changes in the structure of the National Health Service may eventually be made, the present need is for closer integration of the work of its three branches. Local health authorities must inevitably be greatly concerned to establish a good working relationship with general practitioners, who depend on midwives, home nurses and domestic helps in the domiciliary care of their patients and can find in the health visitors useful colleagues in many health problems of the family. Nor can the work of the medical officer of health be fully effective without the help of his colleagues in other branches of medicine. The mental health and ambulance services closely touch upon the work of hospitals as well as of general practitioners, and this is increasingly true of the other services also, as patients are discharged from hospital earlier to the care of the family doctor, and admission of those who can properly be treated and nursed at home is more often avoided. For this policy to give its full benefit, both to patients and to the national finances, health visitors, home nurses and domestic helps must be readily available.

The ways in which co-operation with the other branches of the health service takes place are mentioned in various sections of the report. Successful collaboration with the general practitioners



depends chiefly upon personal contact in daily work (membership of professional organisations offers additional opportunities for contact between doctors), but the County Council are represented upon the Executive Council for Wiltshire and the County Medical Officer is a member of the Local Medical Committee. The fact that Wiltshire is covered by parts of three hospital regions has not prevented close relations being maintained with hospitals and specialists, particularly where old ties exist between the County Council and the hospital. There are members of the County Council serving upon Regional Hospital Boards and Hospital Management Committees and the County Medical Officer attends medical officers' liaison committees in each region. However, there is still far to go and much mutual knowledge to be acquired in the pursuit of a united health service.

The tuberculosis service in Wiltshire is an example of the unity of preventive and curative work and the especially close relationship which has been retained between the Chest Physician and the County Health Department is most valuable.

C. D. L. LYCETT.

County Hall,  
Trowbridge.

JUNE, 1954.

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## COMMITTEES

The Committees of the County Council mainly concerned with public health are:—

*Health Committee*, the Sub-Committees of which are as follows:—

Maternity and Child Welfare Sub-Committee,  
Mental Health Sub-Committee,  
Ambulance Service and Health Centres Sub-Committee,  
Swindon Area Sub-Committee.

*Water Supplies and Sewerage Schemes Committee*.

*Education Committee* (school health service and hygiene in schools).

Close liaison is also maintained with other Committees such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.

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## STAFF

County Medical Officer of Health and Principal School Medical Officer:—

J. Burman Lowe, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (retired 30/9/53).

C. D. L. Lycett, M.D., B.S., D.P.H. (commenced 21/12/53).

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

Agnes L. Semple, M.B., Ch.B., D.P.H.

Senior Assistant County Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H.

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (also Medical Officer of Health and Principal Borough School Medical Officer, Swindon).

Assistant County Medical Officers (also School Medical Officers):—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

H. Margaret Hammond, M.B., Ch.B.

R. Mackay, M.D., Ch.B., D.P.H. (also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District).

R. S. McElroy, B.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District).

Jean Murray, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District).

R. Bruce Killoh, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District).

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (also Medical Officer of Health, Salisbury City).

W. B. A. Smyth, M.B., Ch.B., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon). (Resigned 7/4/53.)



C. W. Shearer, M.B., Ch.B., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon). (Commenced 28/4/53).

S. B. S. Smith, L.M.S.S.A., D.T.M. & H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

Assistance in respect of immunisation, infant welfare and school medical inspection has also been given from time to time by the following:—

Drs. Isabel M. Scott, Katherine M. Kelly, Sheila M. Godfrey, Norah D. Pinkerton, Elaine M. Osborne, E. Mary Voight and W. B. A. Smyth.

Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (By arrangement with Regional Hospital Boards.)

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (By arrangement with Regional Hospital Boards.)

Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (By arrangement with Regional Hospital Boards.)

Chief Dental Officer (also Principal School Dental Officer):—

W. H. Liebow, L.D.S.

Assistant Dental Officers (also School Dental Officers):—

J. M. Benson, L.D.S. (Resigned 31/3/53.)

S. H. Brenan, L.D.S. (Reappointed 8/7/53. Resigned 31/5/54.)

A. T. Craig, L.D.S.

H. H. Greenhalgh, L.D.S.

E. C. Humphreys, L.D.S.

F. Lake, L.D.S.

J. S. MacLachlan, L.D.S.

R. S. McMinn, L.D.S.

E. H. Randerson, L.D.S.

A. V. Yates. (Commenced 20/4/54.)

Lay Administrative Assistant:—

C. A. Horton.

Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V.'s Cert., Midwives' Analgesic Cert.

Deputy Superintendent of Home Nursing Service:—

Gladys M. Bell, S.R.N., S.R.F.N., S.C.M., Midwives' Analgesic Cert.

County Sanitary Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.I., M.S.I.A.

Mental Health Supervising Officer:—

W. R. Hudd.

County Ambulance Officer:—

T. Bullock.

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## POPULATION

The Registrar-General's estimate for 1953 (including Services) ... 390,700

The figure for the previous year was 388,500.

## BIRTHS AND DEATHS

	TOTAL.		RATE.	
	1952.	1953.	1952.	1953.
			(per 1,000 of population)	
Live Births ... ..	5919	6420	15.24	16.43
Still Births ... ..	107	131	.28	.34
Deaths ... ..	3954	4170	10.18	10.67
Deaths from Pregnancy, Childbirth, Abortion ... ..	9	9	(per 1000 births)	
			1.49	1.37
Deaths of Infants under one year of age ... ..	129	155	(per 1000 live births)	
			21.79	24.14
Deaths from Cancer (all ages) ... ..	647	628		
Deaths from certain Infectious Diseases—				
Tuberculosis, Respiratory ... ..	63	41		
Tuberculosis, Other ... ..	12	10		
Diphtheria ... ..	—	—		
Meningococcal Infections ... ..	—	1		
Acute Poliomyelitis ... ..	4	7		
Other Infective and Parasitic Diseases ... ..	8	8		

The live birth rate of 16.43 when adjusted by the use of the Registrar-General's area comparability factor to allow for the particular age and sex distribution of Wiltshire's population becomes 18.24 and this figure may then be compared with the national rate of 15.5.

The still birth rate of .34 when similarly adjusted becomes .38 compared with a national rate of .35.

The death rate of 10.67 when adjusted becomes 10.46, compared with a national rate of 11.4.

The county maternal mortality rate of 1.37 compares with a national rate of .76 and the infant mortality rate of 24.14 with a national rate of 26.8. It should be remembered in connection with the maternal mortality rate that, as the numbers involved are very small, differences in the rate have much less significance than would at first appear.

The following table gives the number of deaths during the past 14 years resulting from the more significant of the infectious diseases in the above table:—

Disease.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Deaths from Tuberculosis—														
Respiratory ...	109	134	107	95	99	92	110	103	108	91	94	68	63	41
Other ...	28	49	34	24	26	34	16	19	23	12	8	10	12	10
Diphtheria ...	37	19	2	2	5	1	2	2	—	1	—	—	—	—
Acute Poliomyelitis	1	3	—	1	2	3	1	5	1	13	10	1	4	7

The continued drop in the total deaths from phthisis is worthy of note, especially having regard to the much higher totals regularly recorded a few years ago.



## INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1953 of the more important infectious diseases, with comparative figures for the preceding 10 years. The figures for 1950 onward include non-civilian.

Disease.	Total Notifications during										
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	658	640	541	355	311	455	269	564	607	407	282
Diphtheria ... ..	74	105	17	14	16	6	2	—	3	1	1
Enteric Fever (including Paratyphoid) ...	6	—	2	1	1	2	1	4	1	1	—
Puerperal Pyrexia ... ..	67	64	41	50	34	35	36	24	52	113	142
Meningococcal Infection ... ..	28	22	16	15	13	3	8	6	3	11	8
Acute Poliomyelitis—											
Paralytic ... ..	} 9	1	5	13	51	30	67 {	50	16	28	57
Non-paralytic ... ..								18	16	18	45
Acute Encephalitis ... ..	2	—	—	1	—	—	—	3	1	—	2
Ophthalmia Neonatorum ... ..	20	22	24	27	19	7	3	20	4	5	6

Responsibility for action should a case occur remains divided between county district councils, the three regional hospital boards and the County Council.

### SCARLET FEVER.

It will be noted from the table that the number of notifications has again fallen considerably, 282, the lowest total in the 10 years shown, except 1949.

### DIPHTHERIA

The one case mentioned in the table, a woman of 65, who recovered, was confirmed bacteriologically.

### PUERPERAL PYREXIA.

There was a further increase in the number of notifications, 142, but most of these related to patients with a transient rise of temperature. There were no serious outbreaks of infection in any of the maternity hospitals where the County Council still has responsibility for supervision of midwives.

### ACUTE POLIOMYELITIS.

There was a considerable increase in the number of notifications, which totalled 102, a much higher figure than in any previous year.

### OPHTHALMIA NEONATORUM.

None of the infections notified resulted in any impairment of vision.

## SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT, 1946

With the exception of the statistics given under Section 27 and 49/51 following, the figures given under all Sections of the Act exclude those for the Borough of Swindon, which will be found in the Report of the Area Medical Officer.



## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

## ANTE-NATAL AND POST-NATAL CLINICS.

The following table gives details of the Ante-Natal Clinics. The figures in brackets refer to 1952.

Clinic.	Sessions.	Obstetrician Attending.	Number of Attendances, 1953.
<b>Bulford</b> (Ante-natal cases only). Welfare Centre, Horne Road, Bulford.	Every Monday, 2 p.m. ...	Medical Officer from staff of Tidworth Military Families Hospital	605 (710)
<b>Corsham.</b> County Council Clinic, Fuller Avenue.	1st and 3rd Fridays, 2 p.m. ...	Dr. I. F. MacMath ...	311 (433)
<b>Cricklade.</b> Red Cross Hut, High Street ...	3rd Monday, 2.30 p.m. ...	Mr. G. Roworth ...	129 (151) (Ceased Dec., 1953).
<b>Salisbury.</b> General Infirmary ...	Monday afternoons, Tuesday, Thursday and Friday morn- ings.	Dr. J. C. Gordon ... Mr. G. J. Reynolds ... Miss H. Orr	228 (333) domiciliary cases
<b>Wilton.</b> West Lodge, West Street ...	3rd Thursday, 2 p.m. ...	Dr. S. C. H. Lane ...	33 (20)

Owing to the premises ceasing to be available and to falling attendance the Cricklade Ante-natal Clinic was, as noted in the table, closed in December, 1953. No new clinics were opened during the year, and it will be seen from the table that in nearly all clinics attendances have fallen.

Opportunity for routine dental inspection and treatment is given to all mothers attending ante-natal clinics. Mothers attending hospital ante-natal clinics are given the same facilities. Expectant mothers not within easy reach of the clinics are also given opportunities for inspection and treatment when the dental officer is visiting infant welfare centres in the vicinity. Further particulars of the work undertaken will be found in the Chief County Dental Officer's Report on Page 15.

## MEDICAL ANTE-NATAL AND POST-NATAL EXAMINATION OF DOMICILIARY MIDWIFERY CASES BY GENERAL PRACTITIONER OBSTETRICIANS.

The figures for 1953 were 29 ante-natal examinations and 21 post-natal, compared with 32 and 25 respectively in 1952.

## MATERNAL MORTALITY.

Under the Ministry's scheme for the investigation of maternal deaths, investigation was initiated in five instances during the year and reports from consultant obstetricians obtained and forwarded, with any necessary comment from the point of view of the domiciliary service, to the regional assessor appointed by the Ministry of Health. All five patients died in hospital and all but one were confined there.

## INFANT WELFARE AND HEALTH VISITORS' WEIGHING CENTRES.

Three additional infant welfare centres and two health visitors' weighing centres were opened during the year, and one infant welfare centre converted to a weighing centre. There are at the time of writing 59 Infant Welfare and 38 health visitors' centres open in the County area.

The facilities are fully used and attendances at the infant welfare centres alone totalled 36,710 in 1953.

A good deal of voluntary work continues to be given in many centres and this facilitates the work of the professional staff, particularly in connection with the handling and distribution of infant foods. Six-monthly visits by the dental staff at infant welfare centres continue. Treatment is usually carried out at clinics nearby. Expectant mothers not within easy reach of ante-natal clinics are also invited to attend.

Information regarding the sale of infant foods at welfare centres will be found under a separate heading below.

The following table gives particulars of the infant welfare centres and the attendances in 1953.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1953.
ALDBOURNE. The Church Room.	3rd Thursday, 2.30—4 p.m.	Drs. Mills, Varvill and Osmond (in rotation). ‡Miss Wookey.	M.O. attends every session.	77
ALDERBURY. The Chapel Room.	3rd Wednesday, 3—4.30 p.m.	Dr. Masson and ‡Mrs. Jarvis.	M.O. attends every session.	199
AMESBURY. Youth and Community Centre, Kitchener Rd.	1st and 3rd Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 3rd Tuesday.	845
ASHTON KEYNES & LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thompson and District Nurse.	M.O. attends every session.	161
AVEBURY. The Club Room.	1st Thursday, 2—4 p.m.	†Dr. Mackay and ‡Miss Lake.	M.O. attends every session. (Became Weighing Centre, without County Medical or Nursing Staff, March, 1953.)	36
BOSCOMBE DOWN R.A.F. STATION. C. of E. Community Centre.	2nd and 4th Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 4th Tuesday.	36 (Commenced Nov., 1953.)
BOX. Bingham Hall.	2nd and 4th Fridays, 2—4 p.m.	Dr. Scott and District Nurse.	M.O. attends 2nd Friday.	253
BOXFIELD. Community Centre.	1st and 3rd Fridays, 2—4 p.m.	Dr. Scott and ‡Miss Francis.	M.O. attends 1st Friday.	406
BRADFORD-ON-AVON. Church House, Church Street.	2nd and 4th Tuesdays, 2 p.m.	†Dr. Semple and ‡Miss Francis.	M.O. attends every session.	800
BROADCHALKE. The Village Hall.	1st Wednesday, 2 p.m.	Dr. Brown and ‡Mrs. Jarvis.	M.O. attends every session.	168
BROMHAM The Village Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Bruce Killoh and ‡Mrs. Fielding.	M.O. attends 4th Wednesday.	329
BULFORD. The Infant Welfare Centre, Horne Road.	2nd and 4th Tuesdays, 2—4.30 p.m.	†Dr. Hammond and District Nurse.	M.O. attends 2nd Tuesday.	648
CALNE. Youth Centre, Recreation Ground.	1st and 3rd Wednesdays, 2—4 p.m.	†Dr. Johnson and ‡Mrs. Ladd.	M.O. attends every session.	573
CHIPPENHAM. St. Andrew's Church Hall.	Every Tuesday, 2—4.30 p.m.	†Dr. Broomhead, ‡Miss MacNeil and ‡Mrs. Pilch.	M.O. attends every session.	2,198
Methodist Schoolroom, Sheldon Road.	1st and 3rd Wednesdays, 2 p.m.	†Dr. Broomhead, ‡Mrs. Pilch and ‡Miss MacNeil.	M.O. attends 1st Wednesday.	677
CHISELDON. The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borelli and County Health Visitor. ‡(Appointment vacant).	M.O. attends 4th Thursday.	317

†County Medical Staff.

‡Whole-time Health Visitor.



Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1953.
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends every session.	1,636
CRICKLADE. Town Hall.	4th Tuesday, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Lumley.	M.O. attends every session.	221
DEVIZES. The Community Centre, The Green.	2nd and 4th Tuesdays, 2—4 p.m.	†Dr. Bruce Killoh and ‡Miss Lake.	M.O. attends every session.	990
DEVIZES (Military families). Prince Maurice Barracks.	1st Wednesday, 2—4 p.m.	Military Medical Officer and ‡Miss Lake.	M.O. attends every session.	191
DOWNTON. Memorial Hall.	4th Friday, 2 p.m.	Dr. Whitehead, jun., and ‡Mrs. Jarvis.	M.O. attends every session.	368
DURRINGTON. Memorial Hall.	Every Thursday except first, 2.30—4 p.m.	Dr. M. Voight and ‡Miss Faulkner.	M.O. attends 2nd and 4th Thursday.	756
EAST KNOYLE. Village Hall.	1st Wednesday, 2.30—4 p.m.	†Dr. Semple and ‡Miss Coleman.	M.O. attends every session.	160
GREAT BEDWYN. The Challoner-Ellis Hall.	2nd Wednesday, 2—4 p.m.	Dr. Fenn and District Nurse.	M.O. attends every session.	276
HIGHWORTH. The Rifle Range.	Every Tuesday, 2—4 p.m.	Dr. Nietupska and ‡Mrs. Lumley.	M.O. attends 1st Tues- day. 2nd and 4th Tues- days for vitamins, etc., distribution only.	759
LANDFORD. Women's Institute Hut.	3rd Thursday, 2.30 p.m.	Dr. Whitehead, jun., and ‡Mrs. Jarvis.	M.O. attends alternate months.	149
LARKHILL. Welfare Centre, The Packway.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	1,283
LAVERSTOCK. Hill Hall, Church Road.	1st Wednesday, 2.30—4 p.m.	Dr. Masson and ‡Miss Norman.	M.O. attends every session.	123
LUDGERSHALL. The Sports Club, Tidworth Road.	Last Wednesday, 1.45 p.m.	Dr. Drake and District Nurse.	M.O. attends every session.	280
LYDIARD PARK. Community and Youth Hut, Lydiard Park Estate	1st Monday, 2.30—4.30 p.m. 3rd Monday, 3—4 p.m.	†Dr. McElroy and District Nurses.	M.O. attends 1st Monday.	233 (Commenced Feb., 1953.)
LYNEHAM. Village Hall.	3rd Thursday, 2—4 p.m.	†Dr. McElroy and District Nurse.	M.O. attends every session.	491
LYPPIATT CAMP. No. 23 Military Families Camp.	1st and 3rd Mondays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends 3rd Monday.	347
MALMESBURY. The Moravian Church Hall, Oxford Street.	1st and 3rd Wednesdays, 2.30 p.m.	Dr. Hodge and Dr. Winch (in annual rotation) and ‡Miss Jackson.	M.O. attends first Wednesday.	619
MARLBOROUGH. Wesleyan Sunday School, New Road.	1st Friday, 2.30—4 p.m.	†Dr. Mackay and District Nurses.	M.O. attends every session.	124
MELKSHAM. Old Bank House.	Alternate Thursdays, 2—4.30 p.m.	Dr. Schofield and ‡Miss Cross.	M.O. attends every session at 3 p.m.	1,226
MERE. Lecture Hall, Salisbury Street.	1st and 3rd Tuesdays, 2.30—4 p.m.	Dr. Morse and Dr. Alexander (in six monthly rotation) and ‡Miss Coleman.	M.O. attends 1st Tuesday.	419

†County Medical Staff.

‡Whole-time Health Visitor.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1953.
NETHERAVON. Parish Hall, Fittleton.	2nd and 4th Wednesdays, 2.30—4 p.m.	† Dr. Hammond and District Nurse.	M.O. attends 4th Wednesday.	310
NOMANSLAND. The Chapel Schoolroom.	2nd Thursday, 3 p.m.	Dr. Whitehead, jun., and ‡ Mrs. Jarvis.	Alternate (odd) months.	87
NORTH BRADLEY. Progressive Hall.	2nd and 4th Wednesdays, 2.30 p.m.—4 p.m.	† Dr. Semple and ‡ Miss Slade.	M.O. attends 4th Wednesday.	309
PERHAM DOWN. The Welfare Hut, Medical Centre.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	272
PEWSEY. The Foresters Hall.	1st Thursday, 2.30 p.m.	Dr. M. Hynes and District Nurse.	M.O. attends every session.	185
PURTON. Red House.	2nd and 4th Tuesdays, 2.30—4.30 p.m.	† Dr. McElroy and District Nurses.	M.O. attends 2nd Tuesday.	562
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.15 p.m.	Dr. Mills and ‡ Miss Wookey.	M.O. attends every session.	222
REDLYNCH. St. Birinus Hall, Morgans Vale.	2nd Friday, 2.30 p.m.	Dr. Whitehead, jun., and ‡ Mrs. Jarvis.	M.O. attends every session.	343 (Commenced Mar., 1953.)
SALISBURY. Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—4 p.m.	† Dr. Wright, ‡ Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	3,436
St. Michael's Parish Hall, St. Michael's Road.	Every Thursday, 2—4 p.m.	† Dr. Hammond, ‡ Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	2,244
STRATTON ST. MARGARET. Methodist Schoolroom, Lower Stratton.	4th Thursday, 2—4 p.m.	† Dr. McElroy, ‡ Miss Palladino and District Nurses.	M.O. attends every session.	203
TIDWORTH. St. Patrick's Road.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	900
TISBURY. Red Cross Hut, New Rd.	2nd Tuesday and 4th Thursday, 2.30 p.m.,	Dr. Kennedy and ‡ Miss Coleman.	M.O. attends 2nd Tuesday (4th Thurs- day for vitamin and food distribution only)	283
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday and Thursday, 2—4 p.m.	† Dr. Murray, ‡ Mrs. Fielding, and ‡ Miss Slade or Miss Cross‡	M.O. attends every Tuesday.	3,354
UPPER STRATTON. St. Philip's Church Hall.	1st and 3rd Fridays, 2—4 p.m.	† Dr. McElroy and ‡ Miss Palladino.	M.O. attends 1st Friday.	667
WANBOROUGH. St. Andrew's Church Hall, High Street.	2nd and 4th Mondays, 2—4 p.m.	† Dr. McElroy and County Health Visitor. ‡ (Appointment vacant.)	M.O. attends 2nd Monday.	332
WARMINSTER. Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2—4 p.m.	† Dr. Semple and ‡ Miss Hills.	M.O. attends every session.	486
WESTBURY. Methodist Schoolroom, Station Road.	1st and 3rd Thursdays, 2—4 p.m.	† Dr. Reynolds and local District Nurses.	M.O. attends every session.	621
WEST HARNHAM. The Old School.	1st and 3rd Mondays, 2 p.m.	† Dr. Semple, ‡ Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	630

† County Medical Staff.

‡ Whole-time Health Visitor.



Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1953.
WHITEPARISH. The Melchett Hall.	Last Tuesday, 2.30 p.m.	Dr. Jepson and ‡ Mrs. Jarvis.	Alternate (odd) months.	245
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Lane and ‡ Miss Norman.	M.O. attends every session.	371
WINTERSLOW. Parish Hall.	1st and 3rd Fridays, 2.30 p.m.	Dr. Masson and local Health Visitor.	M.O. attends 3rd Friday.	733
WOOTTON BASSETT. Memorial Institute.	1st and 3rd Tuesdays, 2—4 p.m.	† Dr. McElroy and County Health Visitor. ‡ (Appointment vacant.)	M.O. attends 1st Tuesday.	617
WROUGHTON. Ellandune Hall.	Every Thursday, 2.30—4 p.m.	Dr. Calnan and ‡ Miss Palladino.	M.O. attends 1st Thursday; Health Visitor attends 1st and 3rd Thursdays; remaining days for vitamins distribution only.	627

† County Medical Staff.

‡ Whole-time Health Visitor.

#### CARE OF PREMATURE INFANTS.

The sets of equipment for the care of premature babies in their own homes maintained at 12 centres in the County continued to be available whenever required. Although less than one-third of the premature infants born alive are born at home, and one quarter of these are transferred to hospital, this equipment has proved very valuable. 95 babies who were 5½ lbs. or less in weight at birth and, therefore, classed as premature were born in their own homes during the year, 22 were transferred to hospital within the first month, and of the 73 who remained at home only three died during that period. Two hundred and thirty-two premature babies were born in hospital.

#### DENTAL CARE.

Further particulars of the work undertaken under the paragraph relating to clinics above and expectant mothers and young children generally, will be found in the Chief County Dental Officer's Report on Page 15.

#### SUPPLY OF INFANT FOODS.

The sale of infant foods at the welfare centres at little more than the cost price, or free if financial circumstances warrant, continues to be popular and the following is a summary of the main preparations sold during 1953 at the various centres.

(The figures in brackets relate to 1952.)

Infant Milk Foods	...	...	...	...	9,483 lbs. (7,656)
Baby Cereal	...	...	...	...	3,684 packets (3,624).
Strained Baby Foods (Meat, Fruit, Vegetables etc.)	...	...	...	...	1,380 tins (1,086)
Nutrients (chiefly malt and oil preparations)	...	...	...	...	5,112 containers (4,968).
Baby Rusks	...	...	...	...	1,488 packets (2,028).
Glucose	...	...	...	...	2,628 cartons (3,864).
Malted Milk	...	...	...	...	1,068 lbs. (1,080).
Feeding Bottles	...	...	...	...	24
Teats and Accessories	...	...	...	...	918 (1,500).

#### PROVISION OF MATERNITY OUTFITS.

Maternity outfits are available free from midwives for all domiciliary confinements and the number supplied during 1953 was 1,937.

#### DAY NURSERY PROVISION.

There are day nurseries at Trowbridge and Salisbury. Owing to decrease in the demand for admission the number of places in the Salisbury Day Nursery has been reduced from 40 to 35, with a corresponding reduction in the number of staff. The Trowbridge Nursery has 25 places.



Limited provision of day nursery accommodation meets the need of unmarried mothers who are trying to support their own children, widows and others in hardship, and these classes are always given priority of admission for their children.

#### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council's arrangements with the Salisbury and Bristol Diocesan Associations for Moral Welfare have continued, whereby, with the assistance of grants from the County Council, the Associations maintain three diocesan welfare workers for these duties additional to the three they originally employed. The work of all these is co-ordinated with the relevant County Council services by a senior health visitor attached to the administrative staff, one of whose principal duties is to maintain constant touch with these workers and the mother and baby homes.

Central records are kept by her of all their cases. The total number dealt with under the scheme during 1953 was 247. The follow-up enquiry suggested by the Ministry for a selected number of cases over a considerable period of years, mentioned in the previous Report for 1952, continues, but it is too early for conclusions to be drawn. It is, however, apparent that in Wiltshire a high proportion of unmarried mothers keep their children, only about 20% being adopted.

#### MOTHER AND BABY HOMES.

The girls' hostel at Devizes organised by the Salisbury Diocesan Association in conjunction with the County Council has continued in active use, and during the year 52 girls were admitted. The County Council take financial responsibility, based on actual cost, for all approved cases, apart from the girl's contribution. The maintenance rate remains somewhat lower than most comparable homes which we use. The Council's policy has always been to use this home to the full before taking responsibility for cases elsewhere, except for young girls needing training in specialised homes.

The accommodation for babies, in particular at the girls' hostel, is, however, limited, and when the home is full cases are sent to the diocesan home at Salisbury. During the year 12 were admitted there at the Council's expense. The number of young girls sent to mother and baby homes out of the County for confinement and training was 14.

#### BIRTH CONTROL.

Voluntary family planning clinics are available at Swindon, Trowbridge and Salisbury, and women recommended for advice on medical grounds by County staff are referred there. In necessitous cases the cost of consultation and equipment is met by the County Council, and in 1953 this was done in 48 instances. There is now also a small voluntary clinic in Bath, and during 1953 10 women, mainly from the Corsham area who could more conveniently reach Bath than the other clinics, were referred there.

#### CO-OPERATION WITH THE CONSULTANT CLINICS PROVIDED BY REGIONAL HOSPITAL BOARDS FOR ORTHOPAEDIC, OPHTHALMIC AND EAR, NOSE AND THROAT CASES.

The County Council have continued to co-operate in the arrangements for the attendance of patients at the out-patient clinics provided by the regional hospital boards. The following summary gives a general view of this work during 1953. It is a particularly useful form of co-operation from the County Council's point of view, as medical officers of welfare centres and others recommending patients for treatment can be informed promptly of the results of attendance of their cases at the out-patient clinics.

The nursing staff investigate laxity in attendance or in following advice and treatment.

#### ORTHOPAEDIC CLINICS.

Records for roughly 600 children under school age attending out-patient clinics are held and kept-up-to-date with the results of attendance. In-patient treatment at the Bath Orthopaedic Hospital is arranged both with parents and the hospital, and particulars of treatment given is received on discharge.

All children with crippling defects found at infant welfare centres or recommended by general practitioners for treatment are invited to the orthopaedic clinics.

#### OPHTHALMIC CLINICS.

The number of records held is approximately 250, but all invitations both for first and subsequent attendance at out-patient clinics are arranged through this Department.



## EAR, NOSE AND THROAT CLINICS.

The number of current cases is approximately 117. In the case of some hospitals, arrangements with parents for admissions are still made through this Department.

Hospital boards pay the Council for administrative costs of the work with which the Board is concerned.

## REPORT OF THE CHIEF DENTAL OFFICER.

Dental inspection is carried out at infant welfare centres every six months, except where the number presented is low, when patients are referred to a central clinic by the medical practitioners, midwives and health visitors. In order to save time and travelling expenses two centres are visited by the dental officers during the same session whenever this is possible. Patients can also be referred direct to the dental officer at regular fixed clinics.

At a few centres treatment can be carried out on the premises, but usually the accommodation is unsuitable, and treatment has to be done later at the central clinic.

The best results are obtained when the infant welfare centre is on the same premises as the dental clinic. Patients can be examined and treatment commenced at the first visit. When attendance at a central clinic demands a considerable amount of travelling by bus or rail there are missed appointments, as it is difficult for mothers with families to find the time for the number of appointments necessary to carry out complete treatment.

The number of patients examined and treated and the work done remains much the same as the previous year, except for a satisfactory increase in the number of fillings inserted.

Work for expectant and nursing mothers and children under five is difficult, and the output per session is not as high as in other work, but its value should be apparent in the decreased amount of dental disease and treatment in adult life.

Details of the work done can be examined in the following tables:—

## RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946.

(Figures for the previous year are shown in brackets.)

## (a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Fit.	Extractions.		Administrations of General Anaesthetics.
					Local Anaesthetics.	General Anaesthetics.	
Expectant and nursing mothers	784 (642)	741 (620)	695 (598)	258 (317)	629 (466)	313 (181)	57
Children under 5	585 (1,059)	530 (617)	381 (534)	237 (371)	70 (99)	264 (456)	101
TOTALS ...	1,642 (1,701)	1,271 (1,237)	1,076 (1,132)	495 (688)	699 (565)	577 (637)	158 (171)

## (b) Forms of dental treatment provided.

	Fillings.	Silver Nitrate Treatment.	Other Operations.	Radio-graphs.	Dentures provided.		Dentures; Repaired.	Attendances for Treatment.
					Complete.	Partial.		
Expectant and nursing mothers	1,208 (882)	8 (6)	914 (671)	33 (54)	35 (47)	113 (95)	4 (—)	2,090
Children under 5	387 (325)	355 (611)	124 (105)	3 (—)	— (—)	— (—)	— (—)	681
TOTALS ...	1,595 (1,207)	363 (617)	1,038 (776)	36 (54)	35 (47)	113 (95)	4 (—)	2,771 (2,435)



## SECTION 23—MIDWIFERY SERVICE

## ARRANGEMENTS FOR SUPERVISION OF MIDWIVES.

Medical supervision is undertaken by the Deputy County Medical Officer. Non-medical supervision is undertaken by the Superintendent Nursing Officer and the Supervisor of Midwives, who is also Deputy Superintendent of the home nursing service. These two nursing officers divide the county geographically between them. Effective supervision of midwives in hospitals where the County Council is not the controlling body continues to be very difficult.

## ANALGESIA.

All domiciliary midwives employed at the end of the year were trained in the administration of gas and air analgesia, except one (who has since been trained). Gas and air analgesia was administered in 1,454 cases during the year. Pethidine was administered by midwives in 1,042 domiciliary cases.

## HOUSING ACCOMMODATION FOR MIDWIVES.

A County Council bungalow for the district midwife at Highworth was completed during the year and similar provision is to be made during the coming year at Chisledon, Tisbury, Donhead and possibly Langley Burrell or Chippenham. The existing nurse's house at Winterslow is also to be replaced. A larger programme of building was contemplated but proved impracticable owing to financial stringency. The co-operation of district councils in providing council houses for district nurses and midwives is very valuable and sometimes saves the necessity for building a bungalow. With all new bungalows garage accommodation is provided, and garages have been added to a number of existing houses.

The very low rent for county accommodation provided by the local authority, 10s. 0d. per week for an unfurnished house or bungalow, fixed nationally in 1943 by the Whitley Council, tends to make advertisement without an offer of accommodation almost useless.

It is understood that new conditions of service for nurses have been in preparation for a long time but are still delayed.

## TRANSPORT.

With very few exceptions midwives in the County service possess cars and are paid mileage allowances on a national scale. A few use cars provided and maintained by the County Council.

## GENERAL.

The following table gives a summary of the work done during the year by all the midwives in the County area.

Category.	Domiciliary Cases.				Cases in Institutions.
	Doctor not booked.		Doctor booked.		
	Doctor present.	Doctor not present.	Doctor present.	Doctor not present.	
County Council Midwives ...	11	45	181	1409	—
Midwives employed by Hospital Management Committee ...	—	99	4	95	2562
Private Midwives ... ..	—	—	17	1	98
TOTALS ... ..	11	144	202	1505	2660
					Grand Total, 4522

County midwives were asked during the year to attend 214 women discharged from Maternity Homes before the fourteenth day.

Following the Ministry's circular 5/53, much closer co-operation has now been secured with maternity hospitals in notifying the County Council of the discharge of patients to ensure prompt follow-up. Further comment will be found in the section below relating to health visiting.



MIDWIVES ACT, 1918.

Medical aid was summoned by midwives in 319 domiciliary cases during the year. The corresponding number of claims by doctors was 60, so that it may be assumed that in approximately 259 cases the patient was already booked by the doctor under the maternity medical service.

MATERNITY MEDICAL SERVICES: OBSTETRIC LIST.

During the year the local Obstetric Committee considered 13 applications of which 11 were approved.

## SECTION 24—HEALTH VISITING

At the end of 1953 there were 24 health visitors on the County staff.

In addition to visiting mothers and young children and tuberculous patients, and advising on the health of the whole family, all health visitors make many visits during the year to give advice where infectious disease has been notified, to arrange for the provision of domestic help or convalescent treatment, and for other purposes such as following up children after treatment in hospital. Many visits are also paid at the request of hospital staff to give reports on the home conditions of patients in hospital before discharge, and also to establish the need or otherwise for priority of admission of chronic sick patients and maternity cases, more particulars of which will be found in the section on Page 39. Better co-operation from maternity hospitals notifying us of the discharge of mothers and babies has now been secured, and it is possible in most cases to notify the health visitor beforehand of the date of discharge, thus ensuring a prompt visit.

At the request of the Welfare Committee arrangements have also been made in several parts of the County for health visitors to call frequently at welfare homes where temporary accommodation is provided, in order to assist in the rehabilitation of families admitted. These arrangements seem to have worked well and to have been of real assistance in reducing the difficulties inherent in accommodating such families.

There are also 34 district nurses undertaking infant visiting of whom two are qualified health visitors. Dispensation from the Ministry's regulations, which require staff undertaking health visiting duties to have the health visitors' certificate, are held for all unqualified district nurses who undertake this work in a part-time capacity. In accordance with the policy of the Ministry of Health the number of such part-time infant visitors has been reduced wherever it has been possible to make an additional appointment of a qualified health visitor, and the figure mentioned above shows a substantial reduction from 43 in respect of whom dispensation was held in 1952.

Two more candidates were accepted for training as health visitors under the County Council's scheme in 1953. If successful in qualifying they will be placed during 1954 in districts where the need for more trained staff is most acute, and the number of unqualified infant visitors further reduced.

An important duty carried out throughout the whole of the County by the qualified health visiting staff is the special supervision of all families where neglect of children has been found. Periodical reports are sent to the Children's Officer by whom action with the N.S.P.C.C. is taken where necessary. The total number of such families on our register is 80.

Of the 80 families requiring special supervision, 50 were found as a result of health visiting and the remaining 30 through the school health service. During 1953, the names of 10 families were added to the list for special supervision but, during the same period, through the efforts of the health visiting staff the standards of care improved sufficiently in 20 cases to allow special supervision to be discontinued and normal health visiting to be resumed.

The number of live births in the County area during the year, corrected according to domicile, was 5,272 and there were also 107 still births. The corresponding figures for 1952 were 4,897 and 72.



The following table gives a summary of the work undertaken by the health visiting staff:—

Number of Children under 5 years of age visited during year.	Expectant Mothers.		Children under 1 yr. of age.		Children age 1 and under 2 years.	Children age 2 but under 5 years.	Tuber- culous house- holds.	Other cases.	Total number of families or households visited by health visitor
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	
24786	666	800	4657	31564	15846	28010	1139	10184	20955

## SECTION 25—HOME NURSING

At the end of the year there were 11 whole-time and 76 part-time home nurses.

The following table gives the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined. For purposes of comparison the figures for the previous year are shown in brackets:—

Nursing Districts.						General Nursing.		Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits).	
						Cases Attended.	Visits Paid.		
Alderbury and Longford ...	...	...	...	...	...	181 (113)	470 (455)	29	(19)
Amesbury ...	...	...	...	...	...	39 (45)	859 (698)	52	(32)
Ashton Keynes ...	...	...	...	...	...	82 (56)	704 (485)	14	(12)
Bedwyn, Shalbourne, etc. ...	...	...	...	...	...	74 (37)	584 (504)	11	(22)
Blunsdon ...	...	...	...	...	...	171 (165)	553 (674)	35	(24)
Bourne Valley ...	...	...	...	...	...	134 (134)	1262 (1500)	25	(22)
Box ...	...	...	...	...	...	286 (321)	5475 (4919)	9	(11)
Bradford-on-Avon—Nurse I	...	...	...	...	...	327 (325)	2629 (2306)	12	(11)
Nurse II	...	...	...	...	...	133 (188)	1873 (2489)	9	(16)
Bratton ...	...	...	...	...	...	114 (110)	884 (1024)	13	(12)
Bromham ...	...	...	...	...	...	79 (221)	1386 (2767)	10	(11)
Bulford ...	...	...	...	...	...	164 (477)	1346 (1489)	—	—
Burbage and Easton ...	...	...	...	...	...	166 (133)	1130 (2686)	11	(5)
Calne Town—Nurse I	...	...	...	...	...	311 (210)	3837 (2778)	12	(8)
Nurse II	...	...	...	...	...	97 (92)	1767 (1430)	10	(21)
Calne Country ...	...	...	...	...	...	85 (147)	932 (1243)	20	(18)
Castle Combe ...	...	...	...	...	...	193 (216)	1137 (1527)	6	(10)
Chalke Valley ...	...	...	...	...	...	109 (69)	890 (966)	24	(23)
Chippenham—Midwifery	...	...	...	...	...	—	—	70	(58)
General	...	...	...	...	...	253 (255)	3250 (3299)	—	—
Chisledon ...	...	...	...	...	...	94 (136)	809 (739)	12	(17)
Codford ...	...	...	...	...	...	105 (88)	426 (562)	22	(21)
Colerne ...	...	...	...	...	...	119 (71)	932 (1075)	9	(11)
Collingbourne—Nurse I	...	...	...	...	...	61 (45)	500 (554)	26	(33)
Nurse II	...	...	...	...	...	71 (49)	655 (321)	26	(31)
Corsham—Midwifery	...	...	...	...	...	—	—	69	(44)
General—Nurse I	...	...	...	...	...	214 (84)	2481 (1956)	—	—
Nurse II	...	...	...	...	...	202 (104)	2126 (2459)	—	—
Cricklade ...	...	...	...	...	...	50 (56)	245 (369)	31	(37)
Devizes—Midwifery	...	...	...	...	...	107 (106)	1196 (851)	37	(41)
General	...	...	...	...	...	112 (93)	3792 (3722)	—	—
Dilton Marsh ...	...	...	...	...	...	131 (102)	1065 (1096)	6	(7)
Donhead ...	...	...	...	...	...	79 (72)	681 (626)	9	(14)
Downton ...	...	...	...	...	...	89 (84)	725 (915)	26	(19)
Durrington ...	...	...	...	...	...	32 (95)	199 (600)	66	(62)
Fonthill ...	...	...	...	...	...	149 (148)	1037 (1247)	14	(10)
Harnham ...	...	...	...	...	...	85 (68)	1868 (1503)	43	(47)



Nursing Districts.	General Nursing.		Midwifery and Maternity.	
	Cases Attended.	Visits Paid.	Total Cases Attended.	(Average Case has 25-30 Visits).
Heytesbury ... ..	314 (253)	1822 (1610)	10	(12)
Highworth ... ..	60 (56)	646 (931)	41	(26)
Holt ... ..	84 (91)	768 (1138)	10	(10)
Kilmington ... ..	356 (66)	1663 (1414)	33	(16)
*Knogle (East), Sedgell and Semley ... ..	— (86)	— (986)	—	(5)
Langley Burrell ... ..	76 (75)	849 (1189)	11	(14)
Larkhill ... ..	311 (301)	1764 (1422)	—	—
†Lavington ... ..	— (33)	— (185)	—	(11)
Lyneham and Clyffe Pypard ... ..	56 (62)	822 (474)	34	(28)
Malmesbury and Hullavington—Nurse I ... ..	63 (69)	1074 (1029)	12	(18)
Nurse II ... ..	312 (234)	2820 (2596)	18	(24)
Marlborough and Overton—Nurse I ... ..	158 (191)	1372 (1432)	14	(21)
Nurse II ... ..	99 (125)	674 (992)	11	(11)
Melksham—Nurse I ... ..	42 (43)	371 (307)	26	(21)
Nurse II ... ..	44 (25)	444 (538)	22	(26)
Mere ... ..	65 (85)	844 (1199)	19	(11)
†Milton Lilbourne ... ..	— (30)	— (145)	—	(5)
Netheravon ... ..	62 (75)	418 (423)	19	(23)
North Bradley ... ..	66 (97)	649 (1306)	13	(7)
Pewsey ... ..	100 (63)	1482 (868)	25	(7)
Pewsey Vale—Nurse I ... ..	63 (60)	369 (717)	16	(10)
Nurse II ... ..	88 (120)	814 (982)	9	(5)
Potterne ... ..	94 (103)	750 (893)	4	(6)
Purton—Nurse I ... ..	74 (37)	260 (379)	45	(32)
Nurse II ... ..	46 (34)	263 (200)	19	(19)
Ramsbury ... ..	166 (230)	1702 (1324)	21	(19)
Salisbury—				
Midwifery (Infirmary Staff: 2 Midwives) ... ..	— —	— —	198	(166)
St. Martin's (General) ... ..	92 (110)	1551 (1283)	—	—
Fisherton (General) ... ..	96 (108)	1513 (1383)	—	—
St. Michael's (General) ... ..	132 (138)	2066 (1926)	—	—
St. Edmund's and St. Thomas's ... ..	346 (203)	2164 (1529)	—	—
St. Mark's ... ..	98 (130)	1171 (1013)	—	—
Bemerton ... ..	103 (108)	1231 (1476)	—	—
Seend ... ..	258 (182)	1376 (1014)	19	(10)
Sherston ... ..	200 (256)	2658 (1621)	11	(8)
Shrewton ... ..	55 (88)	603 (860)	20	(14)
Somerford ... ..	88 (90)	490 (498)	17	(21)
Stratton St. Margaret—Nurse I ... ..	74 (76)	1227 (1280)	37	(44)
Nurse II ... ..	64 (54)	728 (739)	25	(36)
Sutton Veny ... ..	32 (44)	920 (2214)	10	(25)
Tidworth and Perham Down ... ..	122 (153)	547 (582)	—	—
Tisbury ... ..	142 (138)	738 (820)	21	(15)
Tollard Royal ... ..	40 (32)	319 (220)	—	—
Trowbridge—Midwifery ... ..	— —	— —	39	(51)
General—Nurse I ... ..	391 (244)	2246 (2024)	—	—
Nurse II ... ..	320 (288)	3421 (2477)	—	—
Urchfont ... ..	68 (40)	757 (472)	13	(15)
Wanborough ... ..	140 (11)	436 (77)	11	(19)
Warminster—Nurse I ... ..	163 (151)	1856 (2162)	32	(25)
Nurse II ... ..	133 (244)	2012 (1954)	28	(10)
Westbury ... ..	105 (115)	1418 (1394)	17	(15)
Whiteparish ... ..	39 (34)	981 (687)	6	(11)
Wilton and Wishford ... ..	115 (118)	1756 (1533)	25	(27)
Winsley ... ..	214 (184)	1322 (1446)	9	(6)
Winterbourne Valley ... ..	113 (128)	1129 (2044)	10	(16)
Winterslow ... ..	425 (409)	1714 (1260)	12	(19)
Woodford ... ..	84 (88)	1866 (2094)	8	(9)
Wootton Bassett ... ..	153 (136)	1394 (1101)	43	(43)
Wroughton ... ..	182 (168)	1778 (870)	33	(37)
TOTALS ... ..	12074 (11627)	115953 (116566)	1844	(1758)

\*Ceased March, 1953; Area amalgamated with Mere and Donhead Districts.

†Ceased December, 1952; Area amalgamated with Potterne and Urchfont Districts.

†Ceased March, 1953; Area amalgamated with Pewsey and Burbage Districts.



The following is a brief analysis of the types of cases attended by the home nurses, giving the number in each category and also the number of visits paid during 1953:—

	Medical.	Surgical.	Infectious Disease.	Tuber- culosis.	Maternal Complications.	Others.	Totals.
Number of Cases Attended ...	7648	2752	331	56	130	1157	12074
Number of Visits Paid ...	83504	24650	1242	1725	1003	3829	115953

Every endeavour has been made to secure close co-operation with hospitals and, in the area of one hospital board, a system of prompt notification of discharge to district nurses is in operation by the use of a form sent directly to the nurse, who forwards it to the County Medical Officer after she has taken the necessary action.

In the other areas, the hospital groups concerned either arrange the follow-up of patients directly through the practitioner, or the district nurse.

## SECTION 26

### VACCINATION.

During the year 2,715 primary vaccinations and 910 revaccinations were undertaken by general practitioners, who were paid the agreed fee of 5s. 0d. for records received. The figures for 1952 were 2,491 and 935 respectively. Of this total of 2,715 primary vaccinations 2,117 related to infants, and this represents a percentage of 40.2 of those born, compared with the figure of 36.6 for 1952. Propaganda through health visitors and infant welfare centres is supplemented by an explanatory leaflet through the post to every mother when her child attains about three months of age. This is later followed up, if necessary, by a special visit by the health visitor if the family doctor has not, within a reasonable length of time, sent in a record of vaccination being performed.

### DIPHTHERIA IMMUNISATION

The diphtheria immunisation campaign was again interrupted in districts where poliomyelitis became prevalent. Nevertheless some 3,610 primary immunisations and 5,665 reinforcing injections compared with 4,440 and 6,857 in 1952 were carried out by County Council staff and general practitioners. Of the total of 9,275 primary immunisations and reinforcing injections immunised during the year, 2,197 were undertaken by general practitioners.

Propaganda through health visitors and head teachers continues and is reinforced by individual letters to every parent when the child reaches approximately 8 months of age to urge early immunisation.

If necessary, this is followed by another letter of reminder and finally a special visit by a health visitor. Parents are approached again through head teachers as children become 5 and 10 years of age, in order to urge consent to the necessary reinforcing injections.

The following table shows the number of children under the age of 15 immunised at the 31st December, 1953.

Number of Children who had completed a full course of Immunisation in the period 1st January, 1949, to 31st December, 1953:—					
Age at December 31st, 1953, i.e., Born in Year.	Under 1 1953.	1—4 1952—1949	5—9 1948—1944	10—14 1943—1939	Total under 15.
Number Immunised ...	162	12,201	17,648	11,939	41,950



## SECTION 27—AMBULANCE SERVICE

The following is a summary of the work undertaken by the County Ambulance Service during the year 1953:—

	PATIENTS.		JOURNEYS.			Mileage.
	Accident or Emergency.	Other.	Patient Carrying.	Abortive or Service.	Other.	
AMBULANCES.						
County Council Ambulances	2,790	23,000	8,741	114	3	245,275
Salisbury S.J.A.B. ... ..	1,484	4,803	4,631	68	11	72,512
Other Voluntary Ambulances ...	367	2,236	852	7	—	32,878
Total Ambulance Work ...	4,641	30,039	14,224	189	14	350,665
SITTING CASE CARS.						
County Council Cars (up to 4 passenger seats) ...	506	14,032	4,408	375	3	147,086
County Council Cars (over 4 passenger seats) ...	490	34,404	6,796	43	52	205,409
County Car Pool ... ..	63	56,351	19,373	201	61	582,624
Other Voluntary Units ...	30	2,725	459	3	—	11,709
Car Hire ... ..	—	1,574	48	—	—	3,806
Total Sitting Case Car Work	1,089	109,086	31,084	622	116	950,634
RAIL TRANSPORT ... ..	155		117			

More patients were carried than in 1952, with a corresponding increase in journeys and mileage, and the following summary gives some comparative details:—

	1952	1953
Patients carried ... ..	122,729	144,855
Journeys ... ..	41,818	46,249
Miles ... ..	1,177,106	1,301,299
Patients per journey ... ..	2.93	3.13
Miles per patient ... ..	9.59	8.98

When dealing with such an elastic demand it is difficult to draw any firm conclusions from these figures, but it is encouraging that the number of patients per journey has increased whilst the miles per patient have decreased.

The structure of the service has remained the same. For the part of the County entirely covered by the directly controlled service this is based on three main stations with five sub-stations attached. In the Salisbury area the ambulance work is undertaken by the St. John Ambulance Brigade on an agency basis, but the County Council have established a Control Centre at which all day-time requests for ambulance service transport are considered by a Controller before they are passed to the St. John Ambulance Brigade, and from which we operate the sitting car service.

Radio control was installed during the year at Bradford-on-Avon main station and this completed the cover for the whole of the County, except the Salisbury area. From the point of view of efficiency radio control has proved a great success and there is evidence that it has also contributed to the higher proportion of patients per journey and the lower mileage per patient.

One other interesting feature is the increase in the useful work of conveying mentally defective persons to occupation centres. In 1952 the mileage involved was 104,500, but this year it has increased to 130,600.



Once again tribute should be paid to the county car pool drivers, who undertook considerably more than half of the total sitting case car mileage. Without their assistance a large extra burden would be thrown on to the service, much of it work on rural journeys where the use of our own vehicles and staff would be less economical.

It will also be seen that voluntary ambulance units, of which there are four operated by the British Red Cross Society and one by the St. John Ambulance Brigade, carried some 2,600 patients a distance of nearly 33,000 miles. These units, which are reimbursed on a mileage basis, are of great assistance at times when unusually heavy demands fall on the ambulance service or long journeys are requested which would take our whole-time staff away from their stations for long periods.

## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

- (a) TUBERCULOSIS.  
 (b) MENTAL ILLNESS AND DEFECTIVENESS.
- { Reports under these headings are made in the sections dealing with Tuberculosis generally on page 41 and Mental Health on page 33.

### (c) OTHER TYPES OF ILLNESS.

As outlined in the section on health visiting, the health visitors undertake a great deal of work in visits to cases notified by hospital authorities for follow-up, and also in the local organisation of the domestic help service for households where there is illness, etc.

Convalescent cases are sent to some 9 convalescent homes, mostly at the sea. Patients are sent in the first instance for two weeks but, on request from the medical officer of the home showing the need for extension, one or two weeks longer stay is arranged. During the year 41 persons took advantage of this scheme.

### (d) HEALTH EDUCATION.

Educational posters are used in all the County Council clinic premises, and leaflets and pamphlets on a wide variety of health subjects are distributed. Use is also made in the clinics of two exhibition stands obtained from the Central Council for Health Education. The topics exhibited are exchanged with the Central Council at fairly frequent intervals, thus helping to maintain interest.

### (e) PROVISION OF HOME NURSING EQUIPMENT.

The following are the medical loan depots run by the Red Cross and St. John Ambulance Brigade in conjunction with the County Council. In addition there is a central medical loan depot at County Hall for larger articles of equipment, such as foam rubber mattresses, spinal carriages, wheel chairs, etc. One new depot was opened in 1953, and one early in 1954.

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
AMESBURY. Red House Farm (opened April, 1953).	Mrs. I. Muggleton, Red House Farm, Amesbury. (Amesbury 2123).
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke. (Broadchalke 251).
BRADFORD-ON-AVON. Red Cross Hut, Trowbridge Road.	Miss Thomas, 49L, Trowbridge Rd., Bradford-on-Avon.
CALNE. Kingsbury Hall.	The Hon. Mrs. H. Allsopp, Vern Leaze, Calne (Calne 3229).
CHARLTON. Red Cross Centre, Donhead.	Mrs. Swanzy, Moorlands, East Knoyle.
CHIPPENHAM. St. John Ambulance Brigade Headquarters, 1A, Market Place.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265).
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Mayzells, Collingbourne Kingston. (Collingbourne Ducis 67).



Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion.	Mrs. D. Peters, 8, Paul Street, Corsham (Corsham 3361).
CORSHAM (2). Red Cross Centre, Pound Pill.	Mrs. Joy, 17, The Tynings, Corsham (Corsham 2205).
CRICKLADE. Red Cross Room, The White Lion, High Street.	Miss O. Holloway, 79, High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402).
LAVINGTON. "Homeleigh," High Street, Littleton Panell.	Miss N. Raine, "Homeleigh," High St., Littleton Panell.
LUDGERSHALL. 10, Short Street.	Mrs. F. C. Neve, 10, Short Street, Ludgershall (Ludgershall 246).
MALMESBURY. The Clinic Room, Malmesbury & District Hospital.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury (Malmesbury 3105).
MARLBOROUGH. 135, High Street.	Mrs. W. M. Beard, "Glenbevan," Forestdale Road, Marl- borough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road, Melksham (Melksham 2285).
MERE. Tudor Tea Rooms.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere (Mere 367).
PEWSEY. The Girl Guide Hut.	Mrs. H. Snow, Old Swan Cottage, Wilton, Marlborough. (Great Bedwyn 252).
PURTON. Hillcrest (opened February, 1954).	Mrs. Whyntie, Hillcrest, Purton (Purton 331).
RAMSBURY. Cobblestones.	Mr. K. Growdon, Cobblestones, Ramsbury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72, Fisherton Street.	Mr. T. H. Gray, Honorary Secretary, 72 Fisherton Street, Salisbury (Salisbury 4810).
STRATTON ST. MARGARET. Bramville, Highworth Road.	Mrs. A. C. Shaw, Bramville, Highworth Rd., Stratton St. Margaret.
TISBURY. Red Cross Centre.	Miss B. Burt, Prospect House, Tisbury.
TROWBRIDGE. Courtfield House.	Mrs. Mackay, Courtfield House, Trowbridge (Trowbridge 2048).
WARMINSTER. 26, Market Place.	Mrs. M. J. Spire, 26, Market Place, Warminster. (Warminster 212).
WILTON. Westminster Lodge, The Hollows.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel.	Mrs. Hunt, 165, High Street, Wootton Bassett.

During 1953 1,456 loans were made from the loan depots and 62 from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these can be remitted in genuinely necessitous cases.

## SECTION 29—DOMESTIC HELP.

The following table shows the steady increase in the number of patients provided with domestic help since 1948:—

Year.	Number of Enrolled Home Helps at end of year.	Number of Cases attended during year.		
		Maternity.	Other.	Total.
1948	11	50	7	57
1949	69	57	50	107
1950	147	136	182	318
1951	195	99	275	374
1952	277	106	301	407
1953	285	118	386	504

The latest survey undertaken showed that there were 176 current cases in which continuous service had been given for over 3 months. One hundred and twelve of these were aged and infirm, and 58, over the age of 70, were living alone. The provision of home help to such persons often means indefinite continuation of the service, but often makes unnecessary, or at least postpones, admission to welfare or hospital accommodation.

Persons in receipt of old age pensions without any additional means, those with old age and supplementary pensions, or in receipt of national assistance, are not expected to make contributions.

During the year a sharp rise in the demand for the service, more or less coincident with increased wage rates, made necessary the greatest economy in the allocation of help, and indeed a supplementary estimate was necessary. Each case is most carefully considered and the commitments throughout the County kept constantly under review to ensure that the service is used to help as many persons as possible. This, of course, means that the amount of time allocated is often less than is required.

At the time of writing the average amount of help being given to the 205 current cases is 7.2 hours per week only.



## SECTIONS 21-26, 28 AND 29—SWINDON

## REPORT OF THE AREA MEDICAL OFFICER

I have pleasure in submitting the report of the Area Medical Officer of Swindon for the year 1953.

This report deals exclusively with the services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Area Sub-Committee.

During the year, the work and administration of the Area Services has gone ahead smoothly, and the co-operation received from all departments of the County Council has been most encouraging. In particular, I would like to pay tribute to the County Medical Officer of Health, Dr. J. Burman Lowe, for his help and guidance in all matters pertaining to the Area of Swindon, and I would like to take this opportunity of wishing him well in his retirement.

During the year, the increased establishment of domiciliary nurses and domestic helps has enabled us to give a more comprehensive and better service to the people of the town, and has resolved many of the problems with which we were confronted in previous years.

## CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

To achieve the object of the National Health Service Act, 1946, to provide a comprehensive Health Service, there must be active and willing co-operation between all the services which provide for the welfare of the population. I think it can truthfully be said that the Local Health Authorities have taken the lead in this matter, but circulars have from time to time been issued through the Hospital Services machinery indicating ways in which closer unity with other health services can be achieved, and in Swindon during the year there has been a good measure of active co-operation with hospital services. The Medical Officer of Health being a member of the Swindon and District Hospital Management Committee helps considerably towards this objective and their Chronic Sick Sub-Committee includes, also, representatives of other bodies concerned with the care of the aged. In this way there is between the hospitals and Local Authority some official and continuing method of achieving a comprehensive service.

On the other hand, there is in Swindon no such local machinery for achieving co-operation with the general practitioner services. There is, however, contact with the practitioners through medical societies and through personal contacts.

It is my opinion that many of the obstacles lying in the way of complete co-operation result from the ignorance of individual personnel in one branch of the service of the work of other branches of the services. I believe that only by ensuring that each individual in the health service is taught and is allowed to see the workings of all branches of the service will complete co-operation be achieved.

In Swindon, the general practitioners are in direct contact with the district nurses and work in close co-operation with them. Again, the hospital sisters and almoners do liaison directly with the district nurses. It is felt, however, that with the present staff of health visitors, it is difficult for them to be allocated to work in direct liaison with individual doctors or group of doctors. The general practitioners have, however, been encouraged to make use of the very valuable services of the health visitors, and in any case, the doctor can, through the Health Department, be told which health visitor to contact. As in past years, the hospital almoners have direct contact with the senior health visitor, and they have worked together happily. Again, the health visitors have direct contact with the various voluntary bodies whose work concerns the welfare of the community as a whole.

Finally, then, I would say that while in Swindon we have achieved some measure of co-operation between all branches of the health service, I feel that there is room for much greater and closer liaison between the individual members of each service.



## JOINT USE OF STAFF

The only hospital specialist clinics now held on local health authority premises are the eye clinics, one for premature infants and the other for children up to school-leaving age.

Up to 31st July, 1953, two general practitioners attended weekly ante natal clinics. Since that date, when one of these practitioners left the town, the clinic is attended by Dr. C. W. Shearer. If, for some reason, one of these doctors is unable to attend the clinic, the consultant obstetrician, Dr. Roworth, has always made the services of one of his medical officers available.

From time to time, hospital residents and general practitioners studying for higher degrees have been permitted to attend at any of the Local Health Authority clinics.

## VOLUNTARY ORGANISATIONS

The Old People's Welfare Committee is now in its second year of office, and is doing very valuable work among the aged of the community. Close liaison is maintained between this Committee and the Health Department.

I would also like to thank the local W.V.S. and other organisations who have given very valuable and willing help in many different ways.

## CARE OF PREMATURE INFANTS

A premature baby unit is housed in the Swindon Maternity Hospital. When a premature infant is born at home, it is transferred with the mother to the hospital if the case warrants such admission. Before a premature infant is discharged home from the hospital, this department is asked by the hospital to ascertain whether the home is satisfactory for the care of such a child. Close co-operation in all matters relating to premature children is maintained between the hospital and the Health Department, and no difficulties have been encountered during the year.

Number of premature babies born:—

(i) At home	...	...	...	...	24
(ii) In hospital or nursing home	...	...	...	...	60

Number who died during the first 24 hours:—

(i) Born at home	...	...	...	...	—
(ii) Born in hospital or nursing home	...	...	...	...	2

Number who survived at end of one month:—

(i) Born at home	...	...	...	...	22
(ii) Born in hospital or nursing home	...	...	...	...	55

## SUPPLY OF DRIED MILKS, ETC.

At the child welfare clinics one of our clerical staff attends, and among her other duties is the sale of dried milks and nutrients. During the year there were 3,847 such sales, for which £516 5s. 9d. was received.

Representatives of the Food Office attended at Moredon, Pinehurst, Gorse Hill and Bath Road child welfare clinics for the sale of National Welfare Foods, and I am informed that there was a steady demand for these commodities.

## DENTAL CARE

At the end of 1952 we lost the services of one of our dental officers, and the remaining one, Mrs. Benson, resigned in April, 1953. In spite of repeated advertisements and the fact that the Swindon Borough Council agreed to make houses available for them, no applications for the posts were received. In December, 1953, the services of one of the county dental officers, Mr. Randerson, were made available to Swindon for two sessions per week, which had to be devoted to emergency work.

It seems that there will be no solution to this problem until the remuneration of dental officers in local authority service is comparable with that under the National Health Service.



### DOMICILIARY MIDWIFERY

There are six domiciliary midwives employed in Swindon who, during the year, attended at 506 confinements. All of these are qualified to administer gas and air analgesia, and five were at the end of the year approved as teachers of pupil midwives. The pupil midwives come from the Swindon Maternity Hospital and from Bradford-on-Avon Maternity Hospital. During the year, fourteen completed their training, and at the end of the year five pupils were still working in the district. Non medical supervision of the midwives is carried out by a nursing officer from County Hall.

There are no domiciliary midwives in private practice in the town.

As can be seen from the table on page 12, the percentage of domiciliary confinements in the town is maintained, and is, in fact, increasing. It is hoped to recruit two more personnel in 1954, but it is felt that, even with the aid of the pupil midwives, the pressure of work on the midwives is such that an increase in establishment is needed. In order to facilitate the recruitment of staff, plans are now being made to provide special housing for nurses on the new estate at Penhill.

The domiciliary midwives hold booking clinics in two centres in the town, and carry out antenatal supervision at these clinics in addition to domiciliary visiting. Each midwife is aware of the procedure for summoning medical aid or the hospital "Flying Squad" in cases of emergency, and in all, medical aid was summoned for 100 cases during the year.

The system of co-operation between the Local Authority and the Maternity Hospital in respect of cases applying for hospital admission where there are no medical indications for such admission continues to work satisfactorily. The health visitors investigate all such cases and an assessment is made of the social needs before recommendations are forwarded to the hospital authorities. When new facts relating to the circumstances of a case come to be known, the recommendation is again reviewed in the light of the new information. No difficulty is met with from the hospital authorities if we decide to alter the recommendations already made.

### HEALTH VISITING

In October, 1952, approval was given to increase the establishment of health visitors in Swindon to one senior and eight health visitors. Although the previous strength of health visitors has been maintained, no applicants have been forthcoming to fill the vacancy. As the health visitors also act as school nurses, our equivalent whole-time staff of health visitors is four.

Each year since the inception of the National Health Service Act, it seems that the scope and duty of the health visitors has increased. While every effort is made to maintain the routine visits to infants and young children, it is often most difficult to ensure that first visits to babies are made on the day the mother returns from hospital or on the day after the domiciliary midwife ceases her after-care.

The vacant appointment is particularly for a health visitor whose main duties would be the investigation of social circumstances concerning maternity hospital admissions and applicants for domestic help. Since this appointment has not been made, all these investigations have to be shared among the present staff of health visitors, and since many visits made in these circumstances are urgent, the time which can be devoted to routine visits is shortened.

The health visitors attend at all the infant welfare clinics as well as the special hospital eye clinics held on County Council premises. In two instances they run child welfare clinics where no doctor attends.

More and more call is being made by practitioners for the services of health visitors, and every endeavour is made to encourage co-operation between the practitioners and health visitors.

Many visits are being paid in connection with the welfare of old people, and all the health visitors are kept aware of all extensions and developments in the schemes for the welfare of the aged.

In conjunction with the hospital Consultant in Physical Medicine, Dr. J. B. Stewart, arrangements have been made to train all the health visitors in exercises which can be of benefit to old people who are unable to attend the special clinics. This training started in December, and should



be completed early in 1954. It is hoped that this scheme will prove of benefit to the old people and enhance the usefulness of the visits paid to them by the health visitors. Refresher courses for health visitors are provided for by the County Council, and it is hoped that a vacancy on one course will be allocated to Swindon next year.

### VACCINATION AND IMMUNISATION

Vaccination and Immunisation clinics continued to be held as in previous years. As well as special clinics held weekly and fortnightly for immunisation and vaccination respectively, these facilities are provided at each child welfare clinic where a doctor is in attendance. It is felt that many parents who would not trouble to attend at special clinics will agree to their children being inoculated if this is offered to them when they attend the ordinary child welfare clinics.

During the year the clinics were interrupted because of poliomyelitis from the middle of July to September. The effect of this is reflected in the number of clinics held and the number of children inoculated as compared with 1952, when there was no interruption in the service.

During the year 129 vaccinations were carried out at the clinics, and the total vaccinations performed by clinics and private doctors is summarised in the following table.

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination ... ..	219	28	19	37	303
Re-vaccination ... ..	—	2	9	71	82
TOTAL; ... ..	219	30	28	108	385

<i>Immunisation</i>	1953	1952
Number of clinics held ... ..	49	76
Number of attendances ... ..	909	1,210
Number of children who have completed course	418	587
Number of children immunised by general practitioners	175	140
Total number immunised ... ..	593	727
Re-inforcing injections, including general practitioners	51	121

### PREVENTION, CARE AND AFTER-CARE

The scheme for prevention, care and after-care in Swindon is similar to that for the county as a whole.

The number of persons sent for convalescent holidays during the year was fourteen.

During the latter part of the year facilities for tuberculin jelly testing were made available at the child welfare clinics. This test is applied when the doctors consider there is a suspicion of infection or contact with infection, and in all 33 children were so tested. All proved negative. When a positive test is found the child will be referred to the Chest Physician and the usual routine of investigations carried out.

### DOMESTIC HELP

During the year a total of 30 domestic helps were employed in Swindon.

The demands on this service continue to be very heavy, and it has been impossible to meet all the calls made on it. Apart from maternity cases, who are given priority and whole-time service, other cases are given as much time as the case merits or as much as can be made available. Each household applying for domestic help is visited by a health visitor to assess the need and to help in the completion of the assessment forms. Thereafter, all long-term cases are visited regularly by the health visitor, who reports back any changing circumstances, and the service supplied is adjusted accordingly.



Many cases, especially the aged, prefer to have the domestic help in the mornings, so that they can rest in the afternoons. This request is complied with whenever possible, and the employment of part-time domestic helps facilitate such arrangements.

In November, 1952, the domestic helps came under the conditions of service of the Western District Council for Manual Workers. Soon afterwards, it became evident that there was considerable loss of time through illness, and as the domestic help was now able to draw sick pay, no substitute could be employed during her absence if the service were to be run on the estimated expenditure. Following a report on this matter, the Committee's decision to encourage the employment of more part-time domestic helps has done much to solve these difficulties and, incidentally, to facilitate recruitment.

### HEALTH CENTRE

#### DENTAL DEPARTMENT.

Dental Surgeons	...	...	2	Dental Attendants	...	...	2
Dental Technicians	...	...	4	Dental Receptionist	...	...	1

During the year there were 10,343 attendances for treatment, and the following work was carried out:—

Scalings.	Fillings.		Extractions.	X-rays.	Dentures.		Treatments.
	Amalgams.	Synthetic.			Repairs.	Manufactured.	
251	2,987	248	2,130	637	601	608	4,636

#### PHARMACY.

The Pharmacy dealt with 121,387 prescriptions during the year.

### CARE OF EXPECTANT AND NURSING MOTHERS

#### ANTE AND POST NATAL CLINICS.

Clinics at which a doctor is in attendance are held weekly as follows:—

Beech Avenue	Mondays	} 1.30 to 4.0 p.m.
	Fridays	
Bath Road ...	Mondays	1.30 to 4.0 p.m.

	1953	1952	1951
Number of women who attended these clinics during the period	752	731	794
Number of attendances made during the period	3,439	3,078	3,786

In addition to the above clinics, the midwives hold booking clinics at Beech Avenue each Thursday, and at Bath Road on alternate Wednesdays.

The ante natal and post natal clinics at Bath Road are conducted in conjunction with the hospital maternity organisation, and the consultant obstetrician is in charge of the clinical arrangements. One session at this clinic is devoted to obstetrics and others to hospital ante natal and post natal gynaecological clinics.

At the clinic at Beech Avenue two ante natal clinics are held weekly. Up to August, 1953, these clinics were attended by two general practitioners, but since then the Deputy Medical Officer of Health attends at one clinic session.

Both the clinics at Bath Road and Beech Avenue are well equipped, and afford facilities for full ante natal and post natal examinations. Blood testing is either done at the clinics or at the Pathological Laboratory at Gorse Hill.

The scheme of care for unmarried mothers falls into line with the practice adopted throughout the county.



Maternity Outfits are held in stock at the Health Department, Civic Offices, and issued from there. During the year, 563 such outfits were issued as compared with 526 during 1952. From these figures, it is clear that most mothers whose children are born at home take advantage of this facility.

### INFANT WELFARE CLINICS

The table below gives the list of clinics held and the attendances made:—

Centre.	Day and Time, 2—4 p.m.	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill ... ..	Wednesday and Friday ...	1,477	3,875
Beech Avenue, Pinehurst ... ..	Tuesday and Wednesday ...	650	2,987
Gorse Hill ... ..	Wednesday ... ..	—	1,408
Moredon ... ..	Monday ... ..	—	1,536
Bath Road ... ..	Friday ... ..	600	1,554

With the development of Penhill Estate, the numbers attending the Pinehurst clinic became too great to be dealt with adequately, so an extra session was introduced there on Wednesday afternoons. No doctor attends this clinic. It is hoped that clinic premises at Penhill Farmhouse will be available early in 1954, which should relieve the congestion at Pinehurst.

### DAY NURSERIES

When the scale of charges for day nurseries under the National Health Service Act, 1952, was agreed in November, 1952, it was anticipated that the numbers attending the day nurseries at Pinehurst and Gorse Hill would fall. The fall in attendance, however, was even greater than anticipated, and in May, 1953, of the 65 places available in both nurseries, only 34 were occupied. In June only 24 children were on the register of the nurseries.

As the premises at Pinehurst required extensive repairs, and as the clinic at Gorse Hill could accommodate all the children, the Committee decided to close the former nursery and reduce the staff accordingly. This move was completed in July.

The number of children attending at Gorse Hill nursery has remained fairly constant, and it has been possible to accommodate all applicants for places.

	Number of Nurseries.	Number of Approved Places.	No. of Children on the register at the end of the year.		Average Daily Attendance.	
		0—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council...	1	25	6	9	4	10

### FAMILY PLANNING ASSOCIATION

The Family Planning Association continues to hold clinics at Eastcott Hill clinic weekly.

### TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS

9 children were referred to the Orthopaedic Clinic at St. Margaret's Hospital.

38 cases attended the Surgeons' sessions and made 97 attendances.

10 cases attended the Sisters' sessions and made 31 attendances.

32 children were seen by the Ophthalmologist, making 54 attendances.

39 cases attended the Premature Baby Eye Clinic and made 126 attendances.



## MIDWIFERY SERVICE

The following is an analysis of the midwifery carried out in the area during the year:—

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases.					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked doctor or another).	Doctor not present at time of delivery of child.		
(a) Midwives employed by the Authority ... ..	5	20	125	356	506	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ... ..	—	—	—	—	—	—
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	858
(d) Midwives in private practice (including midwives employed in nursing homes) ... ..	—	—	—	—	—	179

## ADMINISTRATION OF GAS AND AIR ANALGESIA

All six of the midwives are qualified to administer gas and air analgesia.

Analgesia was administered in 337 cases where the midwife acted as such and in 56 cases where the midwife acted as maternity nurse, making a total of 393 administrations in 506 cases.

## MIDWIVES ACT, 1951

Medical Aid was summoned in 100 domiciliary cases during the year.

## HEALTH VISITING

Number of visits paid by Health Visitors (figures for 1952 in brackets):—

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.
353 (46)	374 (63)	1,105 (1,038)	3,305 (4,314)	3,288 (5,067)	2,243 (1,927)

Number of live births to Swindon residents during the year ...	1,148	(1,376)
Number of stillbirths to Swindon residents during the year ...	24	(33)

Included in "Other Classes" in this table are 669 (290) visits to cases of infectious disease and 409 (509) visits to cases of tuberculosis.

### HOME NURSING DETAILS OF WORK CARRIED OUT BY HOME NURSES

	<i>No. of Cases</i>
Respiratory diseases (excluding tuberculosis) ...	142
Digestive diseases ...	119
Heart and Arteries ...	86
Veins and other circulatory diseases ...	32
Genito-urinary ...	88
Skin ...	152
Ear, Eye and other sense organs ...	175
Cancer (and other neoplasms) ...	52
Cerebral lesions of vascular origin ...	36
Infectious and parasitic diseases ...	311
Diabetes ...	19
Injuries ...	26
Tuberculosis ...	26
Bones and organs of movement (mainly rheumatism) ...	29
Pregnancy ...	26
Mental and other nervous diseases ...	7
Other diseases or ill defined ...	190
Preparation for X-ray examinations ...	35

Total number of cases ... 1,551 in respect  
of which a total of 17,577 visits were made.

### PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Medical Loan Depot is housed at the Health Centre and continues to have heavy demands made on it. During the summer months the demand for invalid chairs is so great that there is often a waiting list for them. Several of the cases who kept invalid chairs for long periods have been supplied with a chair of their own through the National Health Service, but still the demand keeps increasing. It is hoped that before next summer the stock of invalid chairs will be increased by six. The stocks of other articles are maintained and replaced according to demand.

	<i>On Payment.</i>	<i>On Free Loan.</i>
Invalid chairs ...	74	—
Air Rings ...	147	—
Waterproof Sheets ...	131	1
Bed Pans ...	132	2
Bed Rests ...	100	2
Bed Slippers ...	56	—
Crutches (Pairs) ...	17	—
Urinals ...	47	—
Air Beds ...	1	—
Bed Cradles ...	8	1
Bed Tables ...	1	—
Mattresses ...	1	—
Inhalers ...	—	—
Walking Sticks ...	—	—
Feeding Cups ...	1	—
Diet Spring Balances ...	—	—
Electric Blankets ...	1	—
Hire payments received on appliances during year ended 31/12/53—	£85	19s. 9d.
do. 31/12/52—	£84	12s. 8d.



## DOMESTIC HELP

Number of domestic helps on books at the end of the year	...	30
Number of householders helped during the year:—		
(a) Maternity cases	... ..	95
(b) Other cases	... ..	176
	Total	271
Number of hours of assistance provided during the year:—		
(a) Maternity cases	... ..	8,498
(b) Other cases	... ..	32,313
	Total	40,811
Number of domestic help hours available	... ..	40,854
Number of cases in which full fee was not charged	... ..	228

JAMES URQUHART,  
Area Medical Officer.

## SECTIONS 49/51—MENTAL HEALTH SERVICES.

## (1) ADMINISTRATION.

## (a) STAFF.

There is no member of the medical staff whose time is devoted entirely to mental health work, but numerous examinations have been carried out by Dr. D. L. Johnson, Senior Assistant County Medical Officer, and the assistant county medical officers, all of whom have been approved for the purpose. These examinations include the initial ascertainment of mental defectives, completion of application forms for vacancies in mental deficiency hospitals, medical certificates required when patients are certified under the Mental Deficiency Acts, special reports and certificates required when patients' orders are due for reconsideration and annual reports on mental defectives under guardianship.

For administrative purposes the County is divided into five areas and the workings of the respective mental health officers have been co-ordinated from the central office at County Hall. The officers and the areas for which they are responsible are as follows:—

Chippenham Borough, Calne Borough, Calne and Chippenham Rural District, Malmesbury Borough, Malmesbury Rural District. Swindon Borough, Highworth Rural District, Cricklade and Wootton Bassett Rural District.	Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trowbridge. (Telephone: Trowbridge 3641.) Outside office hours: 21, Manor Road, Trowbridge. (Telephone: Trowbridge 2300.)
Trowbridge Urban District, Bradford-on-Avon Urban District, Melksham Urban District, Bradford and Melksham Rural District, Devizes Borough, Devizes Rural District, Pewsey Rural District, Marlborough Borough, Marlborough and Ramsbury Rural District. Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District, Mere and Tisbury Rural District. Salisbury City, Wilton Borough, Salisbury and Wilton Rural District, Amesbury Rural District.	Miss S. Ponting, 9 a.m.—5 p.m., 36 Milton Road, Swindon. (Telephone: Swindon 4102/3.) Outside office hours: 212, Shrivenham Road, Swindon. (Telephone: Swindon 4381.) Mr. G. Ainsworth, Deputy. Outside office hours: 74, Bowood Road, Swindon. (Telephone: Swindon 5166.) Mr. C. J. Lewis, 9 a.m.—5.15 p.m., County Hall, Trowbridge. (Telephone: Trowbridge 3641.) Outside office hours: 40, Westbourne Road, Trowbridge. (Telephone: Trowbridge 2696.) Miss B. A. Bezzant, Deputy, 9 a.m.—5.15 p.m., 2 Church Street, Pewsey. (Telephone: Pewsey 3259.) Outside office hours: 20, Wilcot, Pewsey. (Telephone: Pewsey 2243.)
	Mr. R. H. G. Moore, 9 a.m.—5.15 p.m., County Hall, Trowbridge. (Telephone: Trowbridge 3641.) Outside office hours: 1, Polebarn Gardens, Trowbridge. (Telephone: Trowbridge 2735.) Mr. K. R. R. Dick, 9 a.m.—5 p.m., 48, Blue Boar Row, Salisbury. (Telephone: Salisbury 4355.) Outside office hours: 5, Western Way, Bemerton Heath, Salisbury. (Telephone: Salisbury 4973.) Miss J. E. Pearce, Deputy. Outside office hours: 24, Mill Road, Salisbury. (Telephone: Salisbury 2979.)



If the officer or deputy of a particular area is not available contact is usually made with the officer in the adjoining area and thus there is little delay in dealing with persons of unsound mind. During evenings, week-ends and holiday periods, the mental health officer or deputy is available in the Salisbury and Swindon districts, whilst the Trowbridge-Devizes, etc., Chippenham, etc., and Warminster, etc., areas are combined—a rota of the officers on duty being given to the Superintendent of the Bradford-on-Avon Ambulance Station, to whom all initial inquiries should be made. This means that a doctor wishing to arrange the admission of a patient to a mental hospital as a matter of urgency has no difficulty in contacting a mental health officer and prompt action can be taken whatever the time of day. The co-operation of the members of the Wilts County Constabulary, who are always ready to assist with difficult patients, is much appreciated.

The absence of female staff at either the Bradford-on-Avon or Chippenham Ambulance Stations has been overcome when dealing with female mental patients or mental defectives by utilising the services of a Trowbridge resident who is prepared to assist whenever required.

The Mental Health Supervising Officer and the mental health officers are all duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts and have all been to special courses on mental health following previous experience, either as a relieving officer, a clerk in the mental health section, or at an occupation centre, except one of the deputy mental health officers, who has had experience of social work. One of the clerical staff is also duly authorised and has on occasions been called upon to arrange the admission of patients to the local mental hospital.

The staff of our four occupation centres for mental defectives is as follows:—

Chippenham	...	Supervisor: Mrs. A. Webb (appointed 1/6/53). Assistant: Mrs. K. M. Marsh (appointed 1/6/53).
Salisbury	...	Supervisor: Miss M. E. Hammond. Assistants: Miss D. Porter (appointed full-time 4/6/53). Miss R. V. Besent (part-time, resigned 4/6/53). Miss E. Macey.
Swindon	...	Supervisor: Miss I. L. Piper (seconded from Chippenham Occupation Centre, effective date of appointment 1/4/53). Assistant: Mrs. I. F. Caton.
Trowbridge	...	Supervisor: Mrs. E. K. Urwin. Assistants: Mrs. E. O. M. Bodmin (now permanent). Mrs. M. V. G. Mitchell (appointed 1/7/53).

A voluntary helper also assists at the Salisbury Centre.

#### (b) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

Psychiatric out-patient clinics attended by members of the staff from Roundway and Park Prewett mental hospitals are held at Devizes, Swindon, Trowbridge, Odstock, near Salisbury, and Salisbury.

Psychiatric social workers employed by the hospital management committees supervise patients on trial or boarded-out from mental hospitals and give after-care to patients discharged on behalf of the Local Health Authority.

The difficulty in obtaining vacancies for mental defectives who are in urgent need of hospital care has necessitated continued close co-operation with regional hospital boards. This and time spent in liaison with the hospital staff has resulted in a very fair allocation to this authority of the few beds available. In the past two years 93 vacancies have been obtained and the list of urgent cases is under constant review.

The Medical Superintendent of the Roundway Hospital continues to accept cases of mental illness from all parts of the County, although the majority of patients in the Salisbury area are admitted to the Park Prewett Hospital at Basingstoke or its ancillary premises. Admission to these premises at Crondall and Kingsclere in Hampshire means that a patient is separated from family and other relatives at a time of mental stress for them all—a most undesirable state of affairs but unavoidable at present.



The psychiatric social worker at Pewsey Hospital has continued to make initial inquiries with regard to placing defectives from that hospital on prolonged licence before handing the cases over to the mental health officers and their deputies. They make periodic reports on all patients resident in this County who are on licence from mental deficiency hospitals. They have also made numerous reports on the home conditions of defectives in institutions:—

- (1) In respect of holidays or prolonged licence;
- (2) In respect of applications for the discharge of patients' Orders under the Mental Deficiency Acts; and
- (3) When the renewal of Orders are due for reconsideration by the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

(c) VOLUNTARY ASSOCIATIONS.

Reports have been received at half-yearly intervals on a number of mental defectives under supervision from 33 voluntary visitors who formerly acted in this capacity for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946.

(d) TRAINING OF STAFF.

During the year Mrs. A. Webb, Supervisor of the Chippenham Occupation Centre, attended the National Association for Mental Health's Course for Staffs of Occupation Centres, Children's Departments of Institutions and Home Teachers. The member of the central office staff who is duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts also attended a refresher course for officers engaged in the mental health services, arranged by the Department of Preventive Medicine of the University of Bristol.

(2) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.

Of all the cases reported to the Local Health Authority in accordance with the Ministry of Health Circular 146/48, one is at present in the local mental hospital, one although making good progress is still being visited at infrequent intervals by the mental health officer for the area concerned, and the remainder have all satisfactorily adjusted themselves in the community or have moved from the area. No new cases were reported during the year.

(b) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of cases dealt with by the duly authorised mental health officers and their deputies during the year:—

Area.	Certified.			Temporary.			Voluntary.			Section 20 and Urgency Orders.			Totals.		Grand Total.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
TROWBRIDGE and DEVIZES, etc. ...	10	14	24	—	—	—	14	16	30	11	20	31	35	50	85
SALISBURY ...	4	2	6	1	2	3	18	38	56	17	14	31	40	56	96
SWINDON ...	13	25	38	—	—	—	41	59	100	13	43	56	67	127	194
CHIPPENHAM ...	2	5	7	—	—	—	7	12	19	5	15	20	14	32	46
WARMINSTER ...	1	9	10	—	—	—	6	9	15	4	6	10	11	24	35
AREA TOTALS ...	30	55	85	1	2	3	86	134	220	50	98	148	167	289	456
Certified at ROUNDWAY HOSPITAL ...	13	12	25										13	12	25
GRAND TOTALS	43	67	110	1	2	3	86	134	220	50	98	148	180	301	481
TOTALS FOR 1952	43	68	111	—	—	—	61	73	134	48	68	116	152	209	361
TOTALS FOR 1951	47	88	135	1	1	2	60	57	117	37	53	90	145	199	344



Of the 148 cases admitted under Section 20, 111 were extended under Section 21A. The following is a summary of the disposal of patients admitted under Section 20 or on Urgency Orders:—

	M.	F.	Total.
Certified ... ..	13	12	25
Became Voluntary ... ..	26	66	92
Discharged or Escaped ... ..	7	8	15
Died ... ..	—	3	3
Transferred to other Hospitals...	—	6	6
Action not yet taken ... ..	4	3	7
	<hr/> 50	<hr/> 98	<hr/> 148

## TRANSFERS.

The following is a summary of patients transferred by the mental health officers or their deputies:—

	M.	F.	Total.
From private Mental Hospital to private Mental Hospital ... ..	—	1	1
From private Mental Hospitals to Health Service Mental Hospitals	2	7	9
From Health Service Mental Hospitals to Health Service Mental Hospitals ... ..	—	17	17

As stated previously in this report, a 24-hour service is provided for the whole County by the mental health officers and their deputies. Of the 481 patients admitted to mental hospitals and the 27 transferred, 186 were dealt with out of normal working hours. In addition, 66 investigations were carried out after normal working hours on cases where no action could be taken or where removal to a mental hospital had to be deferred.

Relatives of service personnel or civilian Government employees serving overseas who are suffering from mental illness continue to be evacuated by air to this County and during the year 21 such patients were admitted in the first instance to the Roundway Mental Hospital and one to Fairmile Hospital, Wallingford, either direct from the Lyneham Aerodrome or from the Wroughton R.A.F. Hospital. Of the former, 12 were subsequently transferred to hospitals nearer their homes, involving considerable journeys to places as far distant as Belfast and Carlisle, four were discharged, three became voluntary patients and were subsequently discharged, and two who were certified were still at Roundway Hospital at the end of the year. The patient at Fairmile Hospital subsequently became a voluntary patient and was later discharged.

(c) MENTAL DEFICIENCY ACTS, 1913-38.

(1) ASCERTAINMENT.

During the year 110 new cases were reported. Of these, one had not been confirmed as mentally defective at the end of the year and 26 were regarded as not "subject to be dealt with" and placed under friendly supervision. The remaining 83 found "subject to be dealt with" fell into the following groups:—

	M.	F.	Total.
Notified under the Education Act, 1944.			
Section 57 (3)—incapable of receiving education at school ...	10	6	16
Section 57 (5)—requiring supervision on leaving Special Schools ...	11	2	13
requiring supervision on leaving Ordinary Schools	9	11	20
Reported by Police or through Courts ...     ...     ...     ...     ...	4	1	5
Reported from other sources     ...     ...     ...     ...     ...	15	14	29
	49	34	83

Of the above, four cases were notified under Section 57 (3) and two under Section 57 (5) of the Education Act, 1944, by the Borough of Swindon Education Authority.

Thirty-seven cases were admitted to mental deficiency hospitals during the year, three at the instance of their parents under Section 3 of the principal Act, six by the Courts under Section 8 (1) (b) of the Act, and 28 petitions were presented in accordance with Section 6. One case in a mental deficiency hospital as in a “ place of safety ” under Section 15 was at the end of the year awaiting certification—he died, however, before this was effected.



The following is a summary of patients detained in mental deficiency hospitals, on licence therefrom or who were awaiting admission as at the end of the year:—

	M.	F.	Total.
Detained in hospitals (excluding those on licence) ... ..	363	391	754
On licence from hospitals ... ..	30	42	72
Awaiting vacancies ... ..	19	23	42

Of those awaiting admission 14 were regarded as urgent.

When necessary, petitions are presented on behalf of other Authorities in respect of mental defectives admitted to the Pewsey Hospital in the first instance as in a "place of safety." Five such cases were dealt with during the year.

Of the patients detained in mental deficiency hospitals 10 died during the year; eight were discharged, and of these five were placed under friendly supervision, one subsequently died, one was in a mental hospital and one was up-graded and classified as educationally subnormal. Varying orders were obtained in respect of 10 patients, transferring them to guardianship.

In accordance with the Ministry of Health's Circular 5/52, 12 patients were admitted to mental deficiency hospitals during the year as a temporary measure only. This short-term care has proved of great value and has been the means of assisting parents in an emergency, such as illness of the mother, or where both parents have been in need of a holiday or a rest from caring for the defective. In some cases, too, the defectives themselves, needing a change of environment, have benefited from a short stay in an institution.

## (2) GUARDIANSHIP.

During the year two patients were placed under guardianship and six were transferred by varying orders to mental deficiency hospitals. In four instances varying orders were obtained appointing new guardians. One patient, discharged from his order, was placed under friendly supervision. There were no guardianship deaths during the year.

At the end of the year there were 101 patients under guardianship orders, viz. 43 males and 58 females. Regular visits have been paid to these defectives by the mental health officers and their deputies and they have also been seen by the medical staff (including Dr. Urquhart at Swindon) in accordance with Article 76 of the Mental Deficiency Regulations, 1948. Financial assistance has been provided to the majority of the cases by the National Assistance Board, although additional help has been given in a number of instances by the Local Health Authority, which has made grants towards clothing.

## (3) SUPERVISION.

At the end of the year 486 patients were under statutory supervision. One hundred and fifteen of these were subject to the biennial review instituted two years ago and, as a result of this review, 26 were transferred to friendly supervision and three were removed completely from the supervision list. Three other patients were transferred to friendly supervision and seven were withdrawn, although not actually due for review. Six patients died, 11 removed from the area, and of the four reported to have married one was withdrawn from supervision.

There were 219 patients under friendly supervision at the end of the year, and, during the year 22 were withdrawn from supervision, four died, two removed from the area and seven married—three of these latter being withdrawn from supervision.

## (4) TRAINING.

At the end of the year 119 patients were attending the four occupation centres in the County. The defectives enjoyed attending and parents have expressed their appreciation for the help given.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, from 9.30 a.m. to 3.30 p.m., and there were 10 males and 13 females, mostly of imbecile grade, on the register



at the end of the year. The numbers have increased from 16 to 23 since 1952. Mrs. Webb, who was the Assistant Supervisor, was appointed Supervisor on the 1st June to succeed Miss Piper, who has now been appointed permanent Supervisor at the Swindon Occupation Centre. Mrs. K. M. Marsh was appointed Assistant Supervisor at the same time. In July an outing was enjoyed in the grounds of the Vicarage at Calne and a display and exhibition of work was held at the Centre in December, in addition to the usual Christmas party.

At Salisbury progress has been maintained since the premises at Exeter House, Exeter Street, have been occupied. The Centre is open daily from 9.30 a.m. to 3.30 p.m. and there were 12 males and 20 females of feeble-minded and imbecile grade on the register at the end of the year. Three of these patients are resident outside the County. The work carried out at this Centre includes gardening, cleaning and a variety of handwork. Miss Besent, one of the part-time assistants, resigned in June, and Miss Porter, the other part-time assistant, was appointed full-time to fill the vacancy. Mrs. Ardagh continues to show great interest in the Centre and helps voluntarily on two half-days a week. An outing to Sandbanks, three open days and a Christmas party were arranged during the year.

The Trowbridge Centre is now held at the Zion Baptist Chapel Schoolrooms, Union Street, and is open daily from 9.30 a.m. to 3.30 p.m. The transfer to this accommodation was made in May and comprises a large hall and three small classrooms, a kitchen and the usual offices. There were 23 males and eight females, mostly of imbecile grade, on the register at the end of the year (one male being the responsibility of the Somerset County Council) and there is sufficient accommodation to increase the numbers to 40. Now that it is possible to classify and group the defectives, much progress has been made in training and handwork. Permission was given to appoint a second assistant at this Centre, and Mrs. M. V. G. Mitchell took up her duties in July. The defectives enjoyed an outing to Sandbanks in June and also an open day at the Centre, in addition to the usual Christmas party.

The Swindon Centre continues at 81, Bath Road, and is open daily from 9.30 a.m. to 3.30 p.m. There were 10 males and 23 females, mostly of imbecile grade, on the register at the end of the year, one female defective being on licence from Pewsey Hospital. Although there is only one room at this Centre the training is good and on progressive lines. Miss I. L. Piper was appointed permanent supervisor in April. The Swindon branch of the W.V.S. is particularly interested in this Centre and provides escorts for the vehicle returning defectives to the Marlborough area each afternoon; they also gave a puppet show at the Centre in November. In addition, two open days and a Christmas party were held during the year.

Souvenirs were given to all defectives attending occupation centres at the time of the Coronation.

At each centre free milk is supplied to those under 16 years of age, in accordance with the milk-in-schools scheme; by arrangement with the school meals service hot mid-day meals are provided at a cost of 9d. a meal, the balance being paid by the Local Health Authority. In certain cases of hardship, however, defectives are provided with meals free or at half the normal rate. Routine medical and dental inspections were carried out at each Centre in 1953.

In addition, one male defective, the responsibility of this Local Health Authority, was attending an occupation centre at Bristol and one female was attending at the Guardianship Society's Occupation Centre at Brighton at the end of the year.

#### (5) HOME TEACHING.

The mental health officer and deputy at Swindon and the deputy mental health officers at Salisbury and Pewsey have continued to visit certain defectives to provide home teaching where, for various reasons, it has not been possible to arrange for their attendance at an occupation centre. Nine defectives were receiving such training at the end of the year.

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## OTHER SERVICES

## INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR HOSPITAL BEDS.

## (a) MATERNITY BEDS.

The following table shows the investigations made during the year:—

Maternity Hospital.	Number of patients whose social conditions were investigated by County Council.	Number recommended for priority of admission.	Number not so recommended.
Bradford-on-Avon Maternity Hospital ... ..	6*	6	—
Greenways Maternity Hospital, Chippenham ...	74	108	66
St. Martin's, Bath ... ..	4	3	1
Devizes Maternity Hospital ... ..	31	31	—
Malmesbury Maternity Home ... ..	1	1	—
Odstock Hospital ... ..	125	104	21
Savernake Hospital ... ..	40	25	15
Swindon Maternity Home ... ..	167	115	52
Trowbridge and District Hospital ... ..	9*	9	—
Cirencester Memorial Hospital ... ..	7	4	3
Frome Hospital ... ..	15	14	1
Fordingbridge Cottage Hospital ... ..	1	1	—
Cotswold Nursing Home, Tetbury ... ..	1	—	1
Westminster Memorial Hospital, Shaftesbury ...	1	1	—
TOTAL ... ..	582	422	160

These figures show that 27.5% of patients referred were not recommended for priority of admission; this figure compares with 22.4% in the previous year.

In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given both from the domiciliary midwifery service and the domestic help service.

## (b) CHRONIC SICK BEDS.

During the year the Salisbury Group Hospital Management Committee referred 54 cases for investigation. In 29 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

## REGISTRATION OF NURSING HOMES.

During 1953 no new applications for registration were received. At the end of the year there were 9 Homes in active use on the register, providing 27 maternity and 74 other beds.

Regular inspection of these Homes was carried out by the Deputy County Medical Officer and the Nursing Officers.

## NURSERY AND CHILD MINDERS ACT, 1948.

There are no nurseries registered under this Act. Three daily minders are registered, taking a maximum of 32 children in all.

## REGISTRATION OF NURSING CO-OPERATIONS.

No application for registration was received during the year. The registration of one co-operation was renewed.

## REGISTRATION OF BLIND AND PARTIALLY-SIGHTED.

During the year 202 reports were obtained. These related to:—

Newly certified as Blind	...	...	...	128
Newly certified as Partially-Sighted	...	...	...	64
Removed from Blind Register	...	...	...	7
Removed from Partially-Sighted Register	...	...	...	1

Of the 128 persons newly certified as blind, 37 were recommended treatment and, by the end of the year, 20 had received it. Of the remaining 17, six had refused treatment, two were undecided, and the remainder awaiting treatment.

Of the 64 cases newly certified as partially-sighted 20 were recommended treatment, and by the end of the year 18 had received it. The remaining two refused treatment.

The following tables summarise the position in the form requested by the Ministry:—

## A. REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

(i) Number of persons registered during the year in respect of which Para. 7 (c) of Forms B.D. 8 recommends:—	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	48	9	—	78
(b) Treatment (medical, surgical or optical)	32	7	—	18
(ii) Number of persons at (i) (b) above who on follow-up are found to have received treatment.	14	7	—	17

## B. OPHTHALMIA NEONATORUM.

(i) Total number of persons notified during the year	6
(ii) Number of persons in whom	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

## EXAMINATION OF MEDICAL REPORTS FOR SUPERANNUATION PURPOSES.

During the year 236 medical reports were considered in respect of the admission of County staff to the superannuation scheme. Of this number 11 were not approved, but 27 were passed for temporary appointments for review later as to fitness for entry to superannuation. The remaining 198 were passed as fit for permanent superannuable posts.

Three certificates were issued in connection with the award of breakdown pensions to employees.

## EPILEPSY AND CEREBRAL PALSY.

No precise information is available as to the incidence of these conditions. Those children under school age in whom they constitute a handicap are ascertained, and any necessary recommendations made to the local education authority, in accordance with the provisions of the



Education Act, 1944. Those who are ineducable in school come within the province of the mental health service, and health visitors, home nurses, domestic helps and the ambulance service all play their part in assisting some persons with these disabilities.

The responsibility under Section 29 of the National Assistance Act, 1948, for the welfare of handicapped persons and the maintenance of the handicapped persons register is exercised by the Welfare Committee, who are also responsible for finding places in epileptic colonies. The County Medical Officer acts as adviser on health matters to the Welfare Committee and to the County Welfare Officer.

There are no special hospital facilities for spastics in the County beyond those dealing with other types of physical handicap, nor is there an epileptic colony in Wiltshire.

### TUBERCULOSIS

The responsibility of the Wiltshire County Council in regard to tuberculosis relates to prevention and after-care. Treatment is undertaken by the three regional hospital boards covering the County.

#### NOTIFICATIONS.

The following table shows the number of primary cases of tuberculosis, pulmonary and non-pulmonary, notified in the post-war years 1946-1953:—

Year.	Pulmonary.	Non-Pulmonary.	Total.
1946	255	96	351
1947	281	92	373
1948	299	105	404
1949	315	111	426
1950	288	68	356
1951	316	87	403
1952	250	65	315
1953	329	49	378

The 378 notifications, pulmonary and non-pulmonary, during the year 1953 are analysed below:—

Age Periods.	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	TOTAL.
Pulmonary: Males ...	—	—	6	8	7	12	16	43	38	36	19	10	1	196
Pulmonary: Females ...	—	—	1	4	5	19	28	33	17	13	9	2	2	133
Non-Pulmonary: Males ...	1	—	2	7	2	—	4	2	—	1	—	1	—	20
Non-Pulmonary: Females ...	—	—	3	8	—	2	2	5	3	1	5	—	—	29
TOTAL														378

Thus 329 cases of pulmonary tuberculosis were notified, compared with 250 in 1952.



Non-pulmonary tuberculosis decreased, with 49 notifications compared with 65 in the previous year, but for reasons given later these figures may not be a true guide.

It was pointed out in the last report that fluctuations in the number of notifications of pulmonary tuberculosis were likely to occur from year to year for several reasons, not the least of which is the amount of mass radiography undertaken. During 1953 mass radiography units worked in many areas of the County, particularly at Swindon and Salisbury, and 107 new cases of active tuberculosis were discovered in this way.

It seems likely that mass radiography may continue to discover numbers of cases previously undetected, and that improvement in efficiency of notification will continue.

There is little doubt that the increase in tuberculosis noted during the war years has now ceased, but much still remains to be done before the disease is eradicated, and meanwhile yearly fluctuations in the number of cases discovered are bound to occur.

The notification of non-pulmonary tuberculosis largely depends upon the extent to which the medical staff at hospitals carry out the provisions of the Public Health (Tuberculosis) Regulations, and probably improvement is not comparable to that in the notification of pulmonary cases. This applies especially to cervical gland tuberculosis and even to orthopaedic conditions, such as tuberculosis of the hip, spine, etc., so constant reiteration is necessary to all concerned that notification is essential to enable contacts to be examined and the primary source of infection to be traced.

Legislation to secure the purity of milk supplies plays an important part in preventing non-pulmonary tuberculosis, and has contributed to the fall in the incidence in recent years.

The table on the previous page shows the incidence of tuberculosis in the various age groups. In adults, the period 15-45 years of age always records the largest incidence, although a considerable number of cases now arise in males from 45-75 years. This is less marked amongst females.

Generally, the ratio of notified cases of pulmonary tuberculosis is roughly 3 males to every 2 females, and this has resulted in a longer period of waiting for sanatorium treatment for men than women.

In addition to the primary notifications shown in the table information of 70 other cases was received, 56 being transfers from other areas, 13 non-notified cases discovered from the death returns received from the district registrars and one a posthumous notification. Ten of the non-notified cases, and the case notified posthumously, died in general or mental hospitals, most having been admitted for some other complaint and tuberculosis discovered after admission or by post-mortem examination. None of these deaths was certified as due to tuberculous meningitis.

#### HOME VISITING.

In addition to the numerous visits paid to the homes by the chest physicians, unless there is good reason to the contrary, all cases notified are followed up by the health visitor, who stresses the necessity of the patient co-operating with the chest physician's instructions, and advises on hygiene in the home, prevention of the spread of infection and general social welfare. Health visitors paid 1,214 visits to patients during the year; the number could with advantage have been greater, but was limited by changes in the staff and the increasing duties of health visitors generally.

#### EXAMINATION OF CONTACTS.

At the first visit to the home of a notified patient, or on the death of a person whose tuberculous disease was not notified during life, the health visitor stresses the importance of the contacts attending the chest clinic for examination. Apart from the health visiting the chest physicians themselves strongly urge the patients they see that their contacts attend for check-up.

It is sometimes found that the primary source of infection is not the notified patient, but some other person in the household not known to have tuberculosis.

The total number of domiciliary contacts of tuberculous patients first seen during 1953 was 776. This figure compared with 781 in 1952 and 735 in 1951, so that there has been little change over the past three years.



The following table shows the results of investigations of the 776 cases:—

	M.	W.	C.	Total.	Percentage.
Diagnosed as tuberculous ... ..	8	17	9	34	4
Non-tuberculous ... ..	125	206	352	683	89
Diagnosis not completed by 31st Dec., 1953 ... ..	18	17	24	59	7
	151	240	385	776	100

At the request of the Ministry of Health the following table is given showing the number of contacts examined per notified case of tuberculosis in recent years:—

Year.	Number of Notifications.	Number of Contacts examined.	Number of Contacts examined per notified case.
1949	426	547	1.3
1950	356	635	1.8
1951	403	735	1.8
1952	315	781	2.5
1953	378	776	2.0

#### DEATHS.

During 1953 there were 51 deaths from tuberculosis, 41 pulmonary and 10 non-pulmonary. This compares with 75 deaths in 1952.

The corrected death rate from all forms of tuberculosis for 1953 was 0.13 per 1,000 of the population, compared with 0.19 in 1952. The pulmonary death rate was 0.11 per 1,000 of the population, and for non-pulmonary 0.02 per 1,000.

The death rate for England and Wales from all forms of tuberculosis was 0.20 per 1,000 of the population, compared with 0.24 in the previous year. The tuberculosis death rate in Wiltshire is thus still below the national rate, and compares favourably with other counties with a somewhat similar population and rural nature.

The following table shows the deaths from tuberculosis registered in the County from 1946 to 1953:—

Year.	Deaths.			Population.
	Pulmonary.	Non-Pulmonary.	Total.	
1946	110	16	126	330,840
1947	102	19	121	334,500
1948	108	23	131	347,400
1949	91	12	103	350,600
1950	94	8	102	381,860
1951	68	10	78	392,400
1952	63	12	75	388,500
1953	41	10	51	390,700

From 1950 the population figure includes both civilians and the members of the armed forces stationed in the area.

Although chemotherapy has prolonged the life of many tuberculous patients, and has made them non-infectious, there is always the danger that some will relapse and again show a positive sputum, requiring even closer supervision by the chest physicians and health visitors to control this potential source of infection. Fewer deaths thus lead to more patients to be supervised.

#### HOUSING.

The district councils are responsible for the provision of houses and during the year 76 tuberculous patients were referred to them by the chest physicians.

Three types of certificates continued to be issued: No. 1 in sputum positive cases as an urgent measure for the prevention of infection; No. 2 where the patient is not sputum positive, but better housing is desirable in order to improve and maintain the patient's health, and No. 3 where improved housing would be beneficial, but is less urgent.

The 76 cases referred in 1953 were classified as follows:—

No. of Cases referred and Certificate issued.	No. of Houses provided.	Other satisfactory arrangements made.	Died, Left County or Withdrawn.	Houses not yet provided.
Certificate No. 1 ... .. 24	10	—	—	14
Certificate No. 2 ... .. 44	6	—	1	37
Certificate No. 3 ... .. 4	—	1	—	3
Referred without a Certificate 4	1	—	1	2
TOTALS ... .. 76	17	1	2	56

Since 1949, 226 patients out of 413 have been re-housed, and for 12, other satisfactory arrangements have been made, or building licences granted. Eighty patients have died, left the County, or withdrawn their applications. There remain 95 cases where re-housing has not so far been found possible or essential.

Satisfactory arrangements for re-housing have therefore been made in roughly 58% of the cases referred, whilst 19% of applications were withdrawn. About 23%, or less than one quarter, of the cases referred to the district councils remain.

The district councils and their medical officers of health have continued to help very effectively in this most important measure for the prevention of tuberculosis.

#### GENERAL AFTER-CARE WORK.

Extra nourishment, in the form of free milk, and beds and bedding, were supplied to a number of patients whose financial circumstances justified such action, sputum flasks were issued, home helps provided where available, and shelters erected where conditions were suitable.

The County branch of the British Red Cross Society has given great assistance in many ways in the care of tuberculous patients, particularly ex-service men.

#### DIVERSIONAL THERAPY.

This scheme was continued whereby the County Council makes a grant to the Wiltshire Branch of the British Red Cross Society to enable them to provide materials for suitable tuberculous patients to undertake diversional therapy in their own homes. Including 10 cases in 1953, a total of 142 cases have been referred to the Red Cross Society since the inception of the scheme, and were engaged in rug making, toy making, leather work and weaving, etc. Library fees in respect of reading facilities for certain patients were also paid to the Hospital Librarian of the Red Cross Society.



Many patients find this scheme of great benefit in providing diversion until they are fit to resume work.

The scheme is run very efficiently and economically by the Welfare Officer of the Wiltshire Branch of the British Red Cross Society and her visitors, to whom suitable cases are referred by the chest physicians.

#### CO-OPERATION WITH CHILDREN'S OFFICER.

Persons suffering from tuberculosis are discouraged from proceeding with applications for legal adoption.

Close co-operation exists also in the boarding out of children. The Children's Officer helps by admitting children of infected parents to children's homes or elsewhere under certain circumstances, particularly to enable the mothers to receive sanatorium treatment, or where it is necessary to segregate children whilst they receive B.C.G. vaccination.

#### EMPLOYMENT OF TUBERCULOUS PATIENTS.

Liaison with the disablement resettlement officers of the Ministry of Labour and with employers concerning employment of tuberculous patients has been satisfactory.

Patients continuing to be infectious are considered unfit for work, except under special circumstances.

#### SCHEMES TO FOLLOW UP EARLY CASES AMONGST CHILDREN AND OTHERS.

No special scheme other than that outlined under the heading of "Contacts" has been carried out.

#### SPECIAL CASE FINDING SURVEY IN WHOLE OR PART OF THE AREA.

No special action has been taken in this connection. The mass radiography units have visited the larger factories and works in many towns in the County, and there has been a good response to the invitations issued to the employees to attend for examination.

#### REHABILITATION.

During 1953 the County Council paid for five tuberculous patients receiving treatment combined with training in rehabilitation centres. Two patients were at Enham Alamein Village Settlement, near Andover, and one each at the Mount Industries, Eastleigh, Hants; Preston Hall, Maidstone, Kent, and Papworth Village Settlement, near Cambridge.

#### FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

The Chest Physicians have continued to issue certificates for the use of National Assistance Boards to enable patients to receive extra financial help to which they may be entitled during the course of their illness.

#### PROTECTION OF CHILDREN FROM TUBERCULOSIS.

Little difficulty was experienced in the examination and x-ray of new employees, and it is satisfactory that during 1953 an annual chest x-ray examination by mass radiography was offered to all the staff of day nurseries and children's homes in the County. This was possible as the mass radiography units visited Wiltshire more extensively than in previous years.

#### B.C.G. VACCINATION.

This scheme is divided into two sections, the work undertaken on behalf of the County Council, e.g. vaccination of contacts of actual cases of tuberculosis, and vaccination of the nursing and other staff at hospitals on behalf of regional hospital boards.

Both clinically and administratively the work is intricate. It involves much preliminary medical investigation before vaccination can be undertaken, whilst the timing of the vaccination depends upon the arrival from Denmark of the vaccine, which must be used within 14 days of manufacture.

The following statistics show the work carried out in the two sections during the year 1953 and from the commencement of the scheme until the end of 1953:—

	Number Vaccinated.		Number who refused Vaccination.	
	In 1953.	From commencement of scheme.	In 1953.	From commencement of scheme.
(a) Contacts ... ..	178	460	3	6
(b) Hospital Staffs ... ..	76	247	2	21
TOTALS ... ..	254	707	5	27

Vaccination has been found necessary in about 20% of hospital staff tested.

The Ministry of Health require that all hospital staff vaccinated should be re-tested once a year for a period of five years. The follow up of contacts is left to the discretion of the chest physicians, but in these cases also an annual test is arranged as far as is practicable.

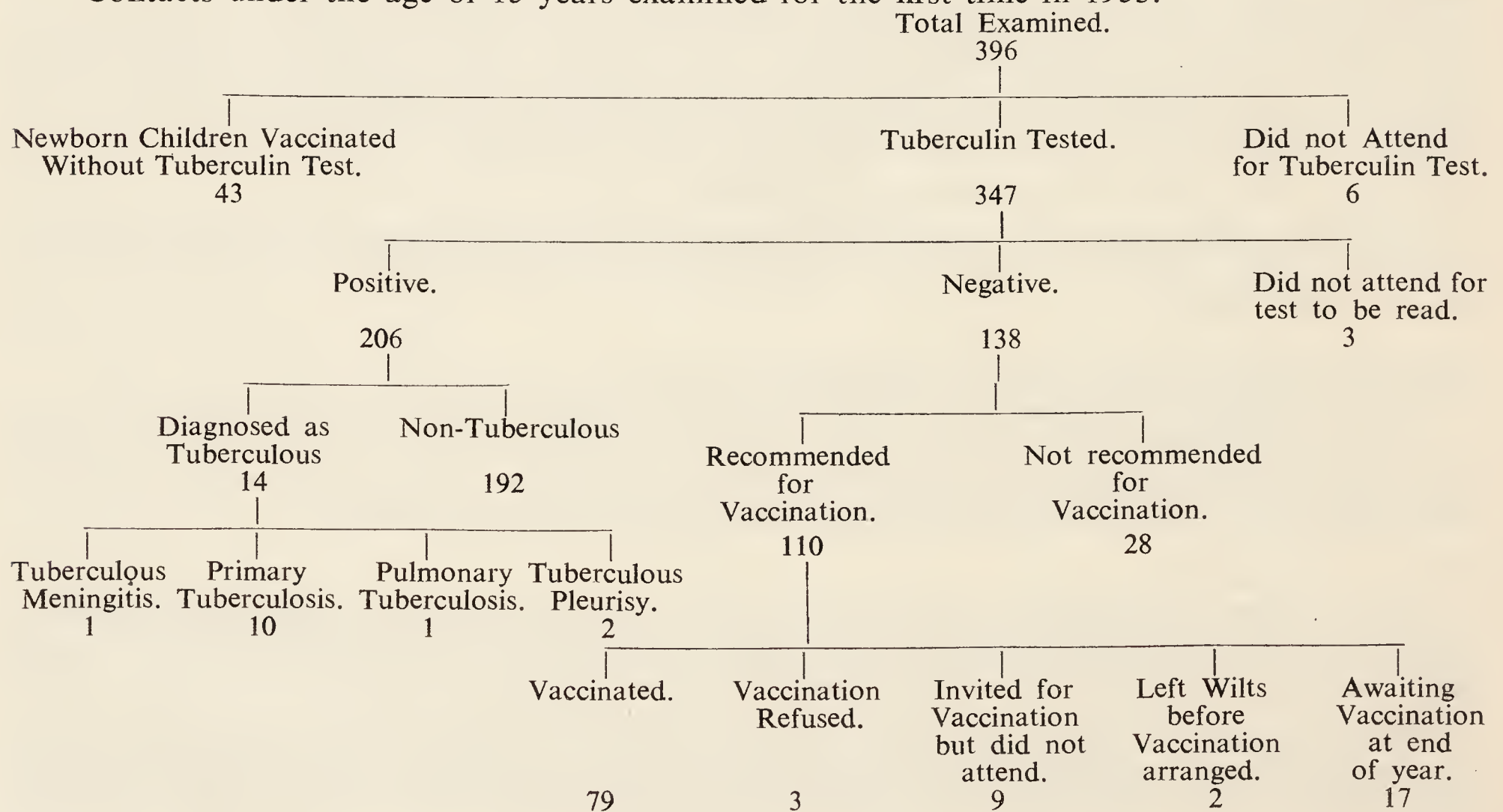
Up to 31st December, 1953, 87 vaccinated members of the hospital staffs had been re-tested. Others had left the County for other hospitals, or had married and left the nursing service altogether.

Of the contacts, 359 vaccinated persons have been followed up, in 356 of whom the test was satisfactory; re-vaccination was carried out in the remaining 3 cases.

The following table gives details of the work undertaken in connection with the examination and B.C.G. vaccination of contacts under the age of 15 years during the year 1953.

It will be seen that 43 newly born infants were vaccinated without preliminary testing, and that of 347 other children tested 206 gave positive and 138 negative results. The remaining three children did not attend for the test to be read, a very small proportion. Of the 138 negative cases, 110 were recommended for vaccination, and 79 actually received this during the year. 17 others were awaiting vaccination on 31st December, 1953. The remaining 14 cases either refused vaccination or left the County before action could be taken.

Contacts under the age of 15 years examined for the first time in 1953.





The following sections of the tuberculosis work are the responsibility of the regional hospital boards, but short summaries are given as a matter of general interest. Three regional hospital boards serve Wiltshire, the Oxford Board the northern area, the South Western Board the western and central area, and the South West Metropolitan Board the southern area. The figures are combined for the County as a whole, and for the purpose of this report are not given in Board areas.

#### MASS RADIOGRAPHY.

The mass radiography units are operated by the regional hospital boards. During 1953 they did more work in the County than in any previous year. The following table shows the work undertaken:—

Area Served.	Persons Examined in 1953.	Persons Referred to Chest Physicians.
Swindon ... ..	22,441	273
Melksham, Bradford-on-Avon, Warminster, Westbury and Calne ... ..	6,083	28
Salisbury ... ..	6,234	40
Trowbridge ... ..	2,464	6
Corsham, Hawthorn, Chippenham, and R.A.F. Hull- avington ... ..	3,045	7
Pewsey, Ludgershall, Marlborough and Pewsey Hospital ...	3,669	25
TOTALS ... ..	43,936	379

The number examined, 43,936, is two and a half times greater than in 1952, when the number was 17,368.

379 persons were referred to the chest physicians, compared with 94 in 1952, and their follow-up greatly increased the work of the chest physicians and the administrative staff.

That this was well worth while is shown by the following results of the examination of the 379 patients referred:—

Active Pulmonary Tuberculosis	...	...	107
Inactive Pulmonary Tuberculosis	...	...	54
Observation cases	...	...	106
Non-tuberculous chest conditions	...	...	40
Non-tuberculous	...	...	46
Failed to attend	...	...	26
			<hr/> 379 <hr/>

Of the 107 active cases of pulmonary tuberculosis, 54 were recommended for sanatorium treatment, and most of these were admitted before the end of the year.

The majority of the cases discovered were in the Swindon and Salisbury areas, where over 28,000 people took advantage of the facilities for mass radiography.

The ratio of persons with active pulmonary tuberculosis to the number examined was just under 2.5 per thousand. Including cases with inactive pulmonary tuberculosis and those requiring observation, the ratio was 6 per thousand.

## CHEST CLINIC ATTENDANCES.

The attendances at the various Chest Clinics during the year were as follows:—

Clinic.	Men.	Women.	Children.	Total.
Salisbury ... ..	1,547	1,733	766	4,046
Trowbridge ... ..	790	772	559	2,121
Swindon ... ..	2,690	2,029	1,165	5,884
Corsham ... ..	147	148	167	462
Chippenham ... ..	430	389	284	1,103
Devizes ... ..	289	280	136	705
Savernake ... ..	98	107	69	274
TOTALS ... ..	5,991	5,458	3,146	14,595

The total attendances show an increase of 597 over 1952, when there were 13,998 attendances.

Owing to the opening of the Chippenham Chest Clinic the attendances at the Corsham Chest Clinic were reduced, but this clinic still serves a useful purpose in the semi-urban area around Corsham. The chest clinic at Chippenham and District Hospital has proved very successful, is well equipped, and has x-ray facilities available at the hospital.

In December the Trowbridge Chest Clinic was moved to new premises at the Trowbridge and District Hospital. For many years it had been held in County Council premises at The Halve.

The work at the chest clinics continues to be heavy.

## INSTITUTIONAL TREATMENT.

On the 1st January, 1953, there were 243 patients under treatment in institutions. 469 were admitted during the year, 470 were discharged, leaving 242 cases still under treatment on the 31st December, 1953. Some of these patients were admitted from areas outside the County of Wiltshire, such as Southampton, Portsmouth, Hampshire and Dorset.

Accommodation is available for patients with pulmonary tuberculosis at Odstock Hospital, Winsley Chest Hospital, Harnwood Hospital, Swindon Isolation Hospital, Trowbridge Isolation Hospital, Chippenham Isolation Hospital and the Manor Hospital, Bath.

Non-pulmonary tuberculosis is treated at Savernake Hospital, the Bath Orthopaedic Hospital, Beckford Hospital, Alton Hospital, and various general and district hospitals.

There are roughly 200 beds available for pulmonary cases, an average of approximately one for every 2,000 of the population. There is still some difficulty in obtaining vacancies for male patients immediately, and the waiting period is sometimes as long as two to three months. Female patients are admitted almost immediately and rarely have to wait longer than one month.

The facilities for thoracic surgery are widely used, both for pulmonary tuberculosis and non-tuberculous chest conditions.

During 1953 some 70 patients were admitted to the three main thoracic units at Peppard Chest Hospital, Frenchay Hospital, Bristol, and the Southampton Chest Hospital.

## GENERAL.

## MEDICAL AND CLERICAL STAFF.

The chest physicians are officers of the regional hospital boards, but undertake duties on behalf of the County Council for the prevention of tuberculosis. Three elevenths of their salaries are chargeable to the County Council.

There was no change in the medical staff during the year.



The clerical work of the tuberculosis scheme is undertaken by the staff of the County Health Department, who serve both the County Council and the regional hospital boards on an equal basis, 50 % of the salaries being paid by the County Council and the remaining 50 % by the Boards.

This arrangement as regards both medical and clerical staff has worked well, ensuring that the prevention and after-care work, and the treatment work, are fully integrated.

In Wiltshire, covered as it is by one authority, the County Council, for prevention and after-care, and by three regional hospital boards for treatment purposes, it is difficult to see how this integration could have been effected under any other system. There is little doubt that it is the most efficient and economical solution of a difficult problem.

The Minister of Health has recently stressed the need for collaboration between the medical officer of health and the chest physician, and the integration of the work as indicated above undoubtedly enables this collaboration to be much more effective in Wiltshire than otherwise would be the case.

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## SANITARY CIRCUMSTANCES OF THE COUNTY

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### WATER SUPPLY

#### THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

During the past year 17 further rural water schemes were submitted for the County Council's observation, bringing the total value of schemes approved since the passing of the 1944 Act to 2.8 million pounds. Progress in the field has been much slower than was anticipated although several regional schemes are now taking shape. Work to the value of .7 million pounds has been completed, involving the development of 15 water sources, the construction of 13 reservoirs and the laying of over 200 miles of water mains.

The following gives a brief summary of the position in each of the 12 rural districts at the end of the year.

#### AMESBURY RURAL DISTRICT.

Beyond one or two minor extensions from existing sources, progress in the Amesbury Rural District has been limited to the development of the two sources at Newton Tony and Shrewton. Ministry approval is still awaited for the remainder of the scheme.

#### BRADFORD & MELKSHAM RURAL DISTRICT.

The regional scheme has been divided into 6 stages of development. Three of these stages so far have been carried out and a piped supply given to the parishes of Atworth, South Wraxall, Farleigh Wick, and Broughton Gifford.

#### CALNE & CHIPPENHAM RURAL DISTRICT.

Excellent progress has been made here. The western area scheme is virtually complete, and the eastern area scheme well advanced.

#### CRICKLADE & WOOTTON BASSETT RURAL DISTRICT.

Progress has been disappointing. The regional scheme has been limited to development of the Ashton Keynes source. Orders have now been placed for pipes.

#### DEVIZES RURAL DISTRICT.

Apart from minor extension of existing supplies, progress has been slow. However contracts for 3 regional schemes have now been placed and work should commence during the coming year.



#### HIGHWORTH RURAL DISTRICT.

Progress so far has been limited to minor extensions from existing mains at Blunsdon, Hannington, Highworth, South Marston, and Hinton. The northern area scheme is a joint one with Cricklade and Wootton Bassett from the Ashton Keynes source.

#### MALMESBURY RURAL DISTRICT.

Satisfactory progress has been made in this district. The regional scheme based on the Corston source is well advanced, and also the extensions to the western parishes from the West Gloucester company's mains.

#### MARLBOROUGH & RAMSBURY RURAL DISTRICT.

Good progress has also been made here. The Avebury regional scheme from the Clatford source has been completed, giving piped supplies to the north and western parishes. Both the Ogbournes have been given a bulk supply from Swindon Borough source at Ogbourne St. George, and work is in progress on the supply to Froxfield from the existing Ramsbury source.

#### MERE & TISBURY RURAL DISTRICT.

Progress on the regional scheme for the whole district has been limited so far to the development of the Mere source, construction of the Mere reservoir and minor extensions at Donhead and Swallowcliffe. Ministry approval is still awaited for the remainder of the regional scheme.

#### PEWSEY RURAL DISTRICT.

Piped supplies from existing sources have been extended to Chute and Chute Forest, Wootton Rivers and Everleigh, but progress on the regional scheme has been limited to the development of the Enford and Collingbourne sources, and main laying in the Collingbourne parishes.

#### SALISBURY & WILTON RURAL DISTRICT.

Progress has been reasonably satisfactory and piped supplies provided at Fovant, Wylde and Steeple Langford, Britford, Downton, Redlynch, Landford, Quidhampton, Netherhampton and East Grimstead.

#### WARMINSTER & WESTBURY RURAL DISTRICT.

The north-east regional scheme has been completed and a supply given to eight parishes from the Bratton source. Very little progress on the remaining south-east and west regional scheme has been made during 1953.

### SEWERAGE

Sewerage schemes exist only in 34 of the 264 rural parishes in the County. Post war sewerage schemes at an estimated cost of over 2 million pounds have been approved in principle by the County Council since the passing of the Rural Water Supplies and Sewerage Act, 1944, and so far schemes to the value of £400,000 have been completed. Government restriction on capital expenditure has mainly accounted for the delay in implementing many of the schemes.

The following is a brief summary of the position in each of the 12 rural districts:

#### AMESBURY RURAL DISTRICT.

Post war proposals provide for schemes in the parishes of Shrewton, Bulford and Durrington, and the extension of the existing Amesbury scheme. The Bulford and Durrington scheme has been completed and it is hoped to proceed with Amesbury extension during 1954.

#### BRADFORD & MELKSHAM RURAL DISTRICT.

Winsley and Hilperton have been sewered since the war, and proposals have now been submitted for sewerage Atworth.



**CALNE & CHIPPENHAM RURAL DISTRICT.**

Outline proposals for sewerage the major part of the rural district have been approved by the County Council in principle. Schemes at Colerne and Castle Combe have been completed.

**CRICKLADE & WOOTTON BASSETT RURAL DISTRICT.**

Post war schemes for 8 parishes have been approved by the County Council in principle. None so far have been implemented.

**DEVIZES RURAL DISTRICT.**

Sewerage schemes for 10 parishes have been approved in principle by the County Council. Those at Erlestoke and part of Potterne have been completed.

**HIGHWORTH RURAL DISTRICT.**

Proposed schemes at Chisledon, Highworth, Stratton and Castle Eaton have been approved by the County Council. None have yet been completed.

**MALMESBURY RURAL DISTRICT.**

Schemes at Corston, Hullavington and Sherston have been approved by the County Council. The first stage of the Sherston scheme has been completed.

**MARLBOROUGH RURAL DISTRICT.**

Proposals for sewerage the parishes of Ramsbury and Aldbourne have been approved by the County Council. Ramsbury has been completed.

**MERE & TISBURY RURAL DISTRICT.**

Proposals for schemes at Mere, Hindon, Zeals and Tisbury have been approved by the County Council. The Hindon and Zeals schemes have been completed.

**PEWSEY RURAL DISTRICT.**

Two schemes at Ludgershall and Everleigh have been approved by the County Council. That at Ludgershall has been completed.

**SALISBURY & WILTON RURAL DISTRICT.**

Post war proposals for schemes at Downton, Redlynch, Fovant, Burford, Berwick, Wyllye and Laverstock have received County Council approval but none have yet been installed.

**WARMINSTER & WESTBURY RURAL DISTRICT.**

No post war proposals have so far been submitted.

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## **HOUSING**

The Housing Act, 1936, remains the principal Act governing the improvement of housing conditions, and Section 88 requires County Councils to have constant regard to the housing conditions in rural districts, and to the sufficiency of steps taken by district councils to remedy any unsatisfactory housing conditions. A review of the housing situation at the end of 1953 showed that in the 12 rural districts in the County, there were 3,626 applicants for Council houses, while 1,330 new houses were completed during the year, namely 1,039 by rural authorities, and 291 by private enterprise. Houses owned by the rural districts now number 664 temporary houses, and 7,567 permanent houses.

## RURAL HOUSING SURVEY (MINISTRY OF HEALTH CIRCULAR 64/44).

The following table shows the progress of the Rural Housing Survey and classification of categories into which the houses are placed:

TABLE I

RURAL DISTRICT.	Total Houses to be surveyed.	Total Surveyed up to 31/12/53.	CLASSIFICATION.					Total Classified.
			1	2	3	4	5	
Amesbury ... ..	1,696	1,696	713	493	277	110	103	1,696
Bradford and Melksham ... ..	2,700	729	81	150	127	140	231	729
Calne and Chippenham ... ..	5,395	3,404	221	858	1,774	146	405	3,404
Cricklade and Wootton Bassett ... ..	3,255	2,809	866	577	904	209	253	2,809
Devizes ... ..	2,538	2,538	55	518	842	860	263	2,538
Highworth ... ..	5,980	2,010	832	294	382	138	364	2,010
Malmesbury ... ..	1,558	1,558	407	289	459	233	170	1,558
Marlborough and Ramsbury ... ..	3,096	362	41	152	142	—	27	362
Mere and Tisbury ... ..	2,643	2,643	279	1,082	885	273	124	2,643
Pewsey ... ..	3,000	1,103	778	66	61	25	173	1,103
Salisbury and Wilton ... ..	3,109	2,489	151	342	1,652	24	320	2,489
Warminster and Westbury ... ..	3,147	747	149	203	284	36	75	747
TOTALS ... ..	38,117	22,088	4,573	5,024	7,789	2,194	2,508	22,088
Classification.	Condition of Dwelling.		Normal Action.					
1.	Satisfactory in all respects.		No action.					
2.	Minor defects.		Informal action or Public Health Acts.					
3.	Require repair, structural alteration or improvement.		Sec. 9 or Sec. 11, Housing Act, 1936.					
4.	Appropriate for improvement and re-conditioning under Housing Act, 1949.		Sec. 11 Housing Act, 1936; Housing Act, 1949.					
5.	Unfit for habitation and beyond repair at reasonable cost.		Sec. 11 and Sec. 25 Housing Act, 1936.					



## HOUSING ACT, 1949 (IMPROVEMENT GRANTS)

Again during 1953 few applications were made by property owners for financial assistance towards the improvement of existing houses. The following Table II indicates the number of applications for grant during 1953 and the number approved:

TABLE II

Rural District.	Applications dealt with by R.D.C.				Submitted to Regional Office of Ministry.			
	Received	Approved	Rejected	Under consideration	Number Sent	Approved	Rejected	Under consideration
Amesbury ... ..	11	9	2	—	9	6	2	1
Bradford & Melksham	6	2	1	3	5	2	—	3
Calne & Chippenham	14	13	1	—	13	8	—	5
Cricklade & Wootton Bassett	4	2 (4 houses)	(2 with-drawn)	—	4	2 (4 houses)	(2 with-drawn)	—
Devizes ... ..	4	4	—	—	4	4	—	—
Highworth ... ..	1	1	—	—	1	—	—	1
Malmesbury ... ..	16	15	1	—	15	9	2	4
Marlborough & Ramsbury ... ..	5	4	—	1	4	2	—	1 (1 with-drawn)
Mere and Tisbury ...	3	2	—	1	2	2	—	—
Pewsey ... ..	20	17	3	—	17	12	—	5
Salisbury & Wilton ...	37	12	23 (1 with-drawn)	1	12	6	—	6
Warminster & Westbury	7	6	—	1	6	3	1	2
TOTALS ... ..	128	87	31	7	92	56	5	28

## MILK SUPPLY

No. T.T. producers in Wiltshire	...	...	...	...	1,530
„ Accredited „ „ „	...	...	...	...	450
„ Non/Designated „ „	...	...	...	...	1,328
„ T.T. and Attested Cows in Wiltshire	...	...	...	...	50,000 approx.
„ Non-Attested „ „	...	...	...	...	47,500 approx.
Gallons of T.T. milk produced	...	...	...	...	32,400,000 „
Gallons of Accredited and Non-Designated milk produced	...	...	...	...	31,477,000 „
MILK PRODUCED					
WILTSHIRE					
T.T.	...	56.8 %			63.5 %
Acc.	...	15.4 %			13.0 %
Attested only	...	.5 %			1.0 %
Total quality milk	...	72.7 %			77.5 %
Total non quality milk	...	27.3 %			22.5 %
NATIONAL AVERAGE					
T.T.	...	43.6 %			48.6 %
Acc.	...	14.6 %			13.1 %
Attested only	...	8.4 %			8.1 %
Total quality milk	...	66.6 %			69.8 %
Total non quality milk	...	33.4 %			30.2 %
No. producer retailers registered by Ministry of Agriculture	...				254
„ Dairies registered by County Districts	...				99
„ Distributors „ „	...				223
„ T.T. dealers licensed by „ „	...				95
„ Pasteurised dealers licensed by County Districts	...				74
„ Pasteurising plants licensed by County Council	...				12
„ „ „ „ Swindon Borough	...				4
„ T.T. milk samples taken by County Districts	...				505
„ „ „ „ satisfactory	...				397
„ „ „ „ unsatisfactory	...				108
„ Pasteurised samples taken by County Districts	...				358
„ „ „ „ satisfactory	...				349
„ „ „ „ taken by County Council	...				303
„ „ „ „ satisfactory	...				291
Gallons of Pasteurised milk processed	...				7,767,200 approx.
No. TB samples taken by County Districts	...				311
„ „ „ „ Negative	...				310
„ „ „ „ Positive to Tubercle	...				1
„ „ „ „ by County Council	...				343
„ „ „ „ Negative	...				341
„ „ „ „ Positive to Tubercle	...				2

The supervision of milk production on the farm is the responsibility of the Ministry of Agriculture, and the supervision of milk distribution the responsibility of County and District Councils.

The principal Acts and Regulations now in force governing these responsibilities are as follows:

The Food & Drugs Act, 1938.

The Food & Drugs (Milk & Dairies & Artificial Cream) Act, 1950.

The Milk & Dairies Regulations, 1949.

The Milk (Special Designation Raw Milk) Regulations, 1949.

The Milk (Special Designation) (Pasteurised & Sterilised Milk) Regulations, 1949.

The statutory functions of the County Council are:—

1. The sampling of milk for chemical quality.
2. The prohibition of sale of tuberculous and other infected milk.
3. The licensing and supervision of pasteurising plants.



RURAL DISTRICT HOUSING STATISTICS FOR 1953.

	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	High- worth	Malmes- bury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury	Total.
<b>1. Number of New Houses and Flats erected during the year—</b>													
(a) By Local Authority ... ..	68	63	150	80	68	191	63	64	96	88	104	4	1,039
(b) Private Enterprise ... ..	46	4	41	15	13	31	14	23	14	24	52	14	291
<b>2. Inspection of Dwellings during the year—</b>													
(i) Inspected for housing defects under Public Health Acts	43	84	36	33	27	213	438 }	23	24	150	40	11	1,893 }
(ii) Inspected for housing defects under Housing Acts ...	89	6	70	5	93	115		54	—	268	70	1	
(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation ... ..	9	52	16	5	39	43	—	4	—	78	14	—	260
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation ... ..	107	52	53	22	51	272	107	51	22	51	58	12	858
<b>3. Remedy of Defects by Informal Action—</b>													
Number of dwellings rendered fit in consequence of informal action ... ..	39	76	12	16	48	205	37	41	16	36	45	5	576
<b>4. Action under Statutory Powers (Public Health and Housing Acts)—</b>													
(A) Proceedings under Sections 9, 10 and 16 of Housing Acts, 1936:													
(i) Number of dwellings in respect of which notices were served requiring defects to be remedied ... ..	—	—	3	—	—	—	—	—	—	—	—	—	3
(ii) Number of dwellings rendered fit after service of formal notices:—													
(a) By Owners ... ..	—	—	2	—	—	1	—	—	—	—	—	—	3
(b) By Local Authority in default of Owners ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(B) Proceedings under Public Health Acts:													
(i) Number of dwellings in respect of which formal notices were served ... ..	—	—	—	—	—	2	—	—	—	3	—	—	5
(ii) Number of dwellings rendered fit after service of formal notice:—													
(a) By Owners ... ..	—	—	—	—	—	1	—	—	—	3	—	—	4
(b) By Local Authority in default of Owners ...	—	—	—	—	—	—	1	—	—	—	—	—	1
(C) Proceedings under Sections 11 and 13 of Housing Act, 1936:													
(i) Number of Demolition Orders made ... ..	2	—	4	—	2	8	—	—	1	8	8	—	33
(ii) Number of houses demolished as result of Demolition Orders... ..	7	—	2	6	4	4	—	3	1	10	—	—	38
					(Demol- ished in- formally 1)								
(iii) Number of undertakings accepted... ..	—	—	9	5	—	4	—	—	—	2	3	1	24
(iv) Number of undertakings completed ... ..	—	—	5	5	1	—	2	—	—	2	—	1	16
(D) Proceedings under Sections 25 and 26 of Housing Act, 1936:													
(i) Number of houses upon which Demolition Orders were made ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of houses demolished in pursuance of Demoli- tion Orders ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(E) Proceedings under Section 12 of Housing Act, 1936:													
(i) Number of separate tenements or underground rooms in respect of which closing orders were made ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled, as result of premises having been made fit ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>5. Housing Act, 1936, Part IV. Overcrowding:</b>													
(i) Number of cases of overcrowded dwellings at end of year	*	*	*	9	*	5	—	—	1	20	—	—	35
(ii) Number of cases discovered during year ...	8	—	5	1	4	15	—	1	3	13	—	—	51
(iii) Number of cases abated during year ... ..	13	—	3	7	2	10	—	—	2	13	—	—	50

\* Not known.





### TUBERCULOUS MILK

During the year 654 milk samples were taken within the County for biological examination. Three of these were reported by the laboratory to be infected with tubercle. One case of tuberculous milk produced in Wiltshire was also reported to me by the London County Council. Appropriate action was taken immediately in all four cases to safeguard the supply to the consumers pending veterinary investigation of the infected herds.

### PASTEURISED MILK.

7.7 million gallons of pasteurised milk was processed by the 16 pasteurising plants in the County during the year. The regulations regarding heat treatment and sanitary control of the pasteurising plants are rigidly enforced by fortnightly inspection and sampling to ensure that consumers are given a clean and safe milk. 659 pasteurised milk samples were examined during 1953 by the Phosphatase and Methylene Blue tests, and of these 640 or 97% were satisfactory.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1953, which came into force on 20th December, 1953, made 1st October, 1954, the appointed day for the compulsory use of overlapping caps instead of the unhygienic cardboard discs for pasteurised milk bottles. These regulations also fixed 1st October, 1954, as the compulsory date when pasteurised milk must be bottled on the premises where it is pasteurised. This will end the unsatisfactory practice whereby retailers are able to bottle pasteurised milk themselves, so that it is liable to be mixed, or at least to come into contact with, raw milk. This defeats the whole object of the heat treatment, which is to destroy pathological organisms.

### THE FOOD & DRUGS (MILK & DAIRIES & ARTIFICIAL CREAM) ACT, 1950—SPECIFIC AREAS.

No part of the County has yet been designated as a "Specified Area" in which only designated milk may be sold.

### MILK IN SCHOOLS SCHEME.

Every effort was made during the year to ensure a clean safe milk supply to schools by frequent inspection and sampling, and to replace raw milk with pasteurised wherever possible.

The following table indicates the grades of milk supplied to the schools at the end of the year:

Pasteurised milk	...	...	...	271	schools
T.T. milk	...	...	...	61	„
Accredited Milk	...	...	...	1	„
Non-Designated Milk	...	...	...	1	„

I am indebted to the Chief Inspector of Weights & Measures for the following report on the chemical quality of milk sold and enforcement of regulations:—

### MILK SAMPLES TAKEN DURING THE YEAR ENDING 31st MARCH, 1954:—

During the year 1,090 samples of milk were purchased or taken in areas covering the whole of the County, with the exception of the Borough of Swindon.

Steps are taken to spread the sampling over the whole area of the County.

Included in this total are 304 samples from the milk supplied to various schools.

<i>No. of Milk samples purchased or taken</i>	<i>No. of samples of Milk supplied to Schools</i>	<i>Unsatisfactory</i>
1,090	148	79
		(includes no school milk samples)

The following action was taken in respect of the unsatisfactory samples:—

<i>Prosecutions</i>	<i>Cautions</i>	<i>Referred to Agricultural Adviser</i>
7	7	8



## SUMMARY OF PROSECUTIONS

		<i>Fine</i>			<i>Costs</i>		
		£	s.	d.	£	s.	d.
1.	Farmer Selling to the prejudice of the purchaser milk containing added water (13 charges) ... ..	13	0	0	13	13	0
2.	„ Selling to the prejudice of the purchaser milk not of the quality demanded (2 charges) ... ..	10	0	0	2	2	0
3.	„ Selling to the prejudice of the purchaser milk deficient in fat. (Police failed to serve certificate with summons) ...	—	—	—	—	—	—
4.	„ Having in possession for sale milk containing added water	1	0	0	—	—	—
5.	„ Selling to the prejudice of the purchaser milk deficient in fat	1	0	0	1	1	0
6.	„ Having in possession for sale milk containing added water (4 charges) ... ..	8	0	0	4	4	0
7.	„ Selling to the prejudice of the purchaser milk not of the quality demanded (2 charges) ... ..	10	0	0	—	—	—

Quarterly reports on unsatisfactory samples of Food & Drugs, giving details of consequential action, have been submitted to the Ministry of Food.

## MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-53.

## MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-50.

Cautions were issued to six milk retailers who were selling Designated Milk at a time when they did not hold the necessary licences.

## CHANNEL ISLANDS MILK.

The milk fat content of 7 samples of Channel Islands Milk fell below the standard of 4% prescribed by the Milk (Control & Maximum Prices) (Great Britain) Order, 1951, but as in every case it exceeded the standard prescribed by the Sale of Milk Regulations, 1939, no action could be taken under the Food & Drugs Acts.

One retailer was selling milk as Channel Islands Milk without an indication on the cap or bottle that it was Channel Islands Milk.

Particulars were passed to the Minister of Food in accordance with his instructions contained in Article 7 of Circular letter M.F.8/48.

## SWIMMING BATHS

A survey of public swimming baths used by Wiltshire school children for swimming instruction was carried out by the County Sanitary Inspector during the year. Four of the baths were found to be unsatisfactory by reason of inadequate purification of the bath water. It was deemed necessary on health grounds to prohibit the use of one bath by school children until a satisfactory filtration and chlorination system is installed.

## PEST CONTROL

Rodent and insect pest disinfestation of County Council premises is carried out by the County Sanitary Inspector, and 35 visits were paid during the year in this connection. Pest control to-day is a highly scientific undertaking, requiring the use of up-to-date methods and selected materials, particularly in food premises.











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